Client Experience and Satisfaction: A National Practice Module

Measuring client experience, handling complaints, and improving care in home care.

Why this module matters. Medicare publishes client experience ratings for home health, and Medicaid is adding experience measures for home and community-based services. Families now choose agencies partly on these results.

About this module

This module gives teams a shared, evidence-based approach to measuring client experience, handling complaints, and improving care in home care. It draws on current federal rules and national guidance, and it ends with a checklist that agencies, clinicians, and families anywhere in the United States can adopt.

Item	Details
Who it is for	Agency owners, administrators, supervisors, and quality staff
Format	8 units, case scenarios, a knowledge check, and a national checklist
Time	About 2 hours as training
How to use it	Leaders and quality staff use all units. Supervisors focus on Units 5 to 7.

Learning objectives

After completing this module, learners will be able to:

1. Explain why client experience matters.
2. Describe HHCAHPS, HCBS CAHPS, and the Access Rule grievance requirement.
3. Design a fair, reliable survey.
4. Handle complaints consistently.
5. Use results to improve care.
6. Track experience measures.

Scope. Aides and family caregivers observe, support, and report. Clinical assessments, medication changes, and legal decisions belong to licensed professionals or qualified advisers. Follow your state rules and agency policies.

Unit 1. Why client experience matters

Client experience is how clients and families feel about the care they receive: whether staff are respectful, on time, skilled, and good communicators. It predicts whether clients stay, recommend the agency, and report problems early.

National signal	What it shows
Medicare publishes HHCAHPS survey results and star ratings on Care Compare	Families compare agencies using client experience
The 2024 Medicaid Access Rule includes HCBS CAHPS among the surveys used for the HCBS Quality Measure Set	States will report client experience for Medicaid home care
The Access Rule requires a grievance system for fee-for-service HCBS (enforcement delayed to December 31, 2027)	Complaints must be handled through a fair, documented process
Home care turnover was about 75% in early 2025	Inconsistent caregivers are a leading cause of dissatisfaction

Unit 2. National surveys and standards

Survey or rule	Who it covers	Key points
HHCAHPS (Home Health Care CAHPS)	Patients of Medicare-certified home health agencies	Monthly, by an approved vendor, by mail, phone, or both. Agencies serving 60 or more eligible patients a year must take part to receive the full payment update. Care Compare reports care of patients, communication, specific care issues, overall rating, and willingness to recommend.
HHCAHPS updates	Same	CMS proposed revisions starting with the April 2026 sample, including new single-item measures on home safety, reviewing prescribed and over-the-counter medicines, and medicine side effects.
HCBS CAHPS	Medicaid home and community-based services	One of four experience surveys behind the HCBS Quality Measure Set. States begin mandatory reporting on the measure set from July 9, 2028.
Grievance system (Access Rule)	Medicaid fee-for-service HCBS	States must give beneficiaries a way to file grievances about providers. CMS delayed enforcement from July 2026 to December 31, 2027.
Private-pay agencies	All other home care	No federal survey is required, but the same questions are the national benchmark.

Unit 3. What clients care about most

National surveys focus on a short list of topics. Use them as the backbone of your own survey.

Topic	Example question
Respect and courtesy	Did caregivers treat you with courtesy and respect?
Reliability	Did caregivers arrive when expected and stay the scheduled time?
Consistency	Did you have the same caregivers most of the time?
Communication	Did the agency keep you informed about schedule changes?
Skill and safety	Did caregivers know how to help you safely?
Home safety and medicines	Did someone talk with you about home safety and all the medicines you take?
Listening and problem-solving	When you raised a concern, was it handled well?
Overall	How would you rate the agency, 0 to 10? Would you recommend it?

Unit 4. Designing and running your survey

1. **Keep it short:** 10 to 15 questions, with one open question such as “What one thing should we improve?”
2. **Use consistent scales:** “Never, Sometimes, Usually, Always,” as CAHPS does, and a 0 to 10 overall rating.
3. **Survey on a schedule:** after the first 30 days of service, then every 6 or 12 months, and at discharge.
4. **Offer several ways to respond:** paper, phone, and online, in the client’s language and in large print.
5. **Protect independence:** caregivers should not hand out or collect surveys. Allow anonymous answers.
6. **Include families** when the client cannot respond, and note who answered.
7. **Aim for a strong response rate:** send a reminder, and report the rate with every result.

> **Reduce fear of retaliation.** Clients may fear losing their caregiver if they criticize. Say clearly that honest answers will not affect their care.

Unit 5. Handling complaints and grievances

A complaint is a gift: it shows where care can improve. Handle every complaint the same fair way, and keep a log.

Step	What to do	Typical time frame
1. Receive	Thank the person, listen, and write down the concern in their words	Same day
2. Protect	Address any immediate safety issue; report suspected abuse as required by law	Immediately
3. Acknowledge	Confirm receipt and who is handling it	Within 1 to 2 business days
4. Investigate	Talk with staff and the client; review records	Set by policy
5. Resolve	Explain what was found and what will change	Set by policy
6. Learn	Track patterns and fix root causes	Monthly review

Tell every client in writing how to complain to the agency and to outside bodies, such as the state licensing agency, the long-term care ombudsman where applicable, or Adult Protective Services.

Unit 6. Turning results into improvement

Step	Example
Look at trends, not single scores	Reliability scores fell three quarters in a row
Find the root cause	Late arrivals cluster on weekend shifts with new staff
Choose one change	Weekend scheduling buffer and a call-ahead text
Measure again	Track on-time visits weekly and the next survey
Close the loop	Tell clients and staff what changed because of their feedback

Share results with staff, recognize caregivers named in positive comments, and include experience measures in supervisor reviews.

Unit 7. Consistency of caregivers

Seeing the same caregivers builds trust and catches changes early. It is closely tied to both client and caregiver satisfaction.

- Track how many different caregivers each client sees per month.
- Introduce new caregivers in person or by phone before the first shift.
- Share a short “about me” sheet so a new caregiver knows routines and preferences.
- Match caregivers on skills, language, and schedule.

Unit 8. Measures to track

Measure	How to calculate
Overall rating 9 or 10	Responses rating 9 or 10 ÷ all responses
Would recommend	“Definitely yes” ÷ all responses
Response rate	Surveys returned ÷ surveys sent
On-time visits	Visits starting within the agreed window ÷ all visits
Caregiver consistency	Average number of different caregivers per client per month
Complaints resolved on time	Resolved within policy time ÷ all complaints

Case scenarios

Case 1. Low scores on communication

Survey results show many families were not told about schedule changes.

- What root causes might exist?
- What one change would you test?

Discussion: Possible causes are last-minute call-offs and no standard for notifying families. Test a rule that the scheduler calls the client and family for any change within 24 hours, and track it.

Case 2. A complaint about a caregiver

A client's son says the caregiver is often on her phone and rushed his mother's bath.

- What steps should follow?
- How do you treat the caregiver fairly?

Discussion: Thank him, check his mother's safety, acknowledge in writing, and investigate by talking with the caregiver and reviewing visit records. Coach or correct as needed, tell the son what will change, and log the outcome.

Knowledge check

1. Which survey measures experience in Medicare home health? *(HHCAHPS)*
2. Which survey is used for Medicaid HCBS experience measures? *(HCBS CAHPS)*
3. When will CMS enforce the HCBS grievance requirement? *(December 31, 2027)*
4. Who should not hand out or collect surveys? *(The client's caregivers)*
5. Name three steps in handling a complaint. *(Receive, acknowledge, investigate, resolve, learn)*
6. Why does caregiver consistency matter? *(It builds trust and catches changes early)*

National Client Experience and Grievance Checklist

This checklist puts national survey and grievance practices into one tool that any agency can adopt. The "National basis" column shows where each item comes from. Adapt it to your state rules and policies.

Name or ID	Date	Completed by and role
Agency or organization	Reviewed by	Next review date

A. Survey program

Action	National basis	Done	Notes
Survey uses CAHPS-style topics and scales	HHCAHPS; HCBS CAHPS	☐	
Surveys at 30 days, every 6 to 12 months, and at discharge	Best practice	☐	
Multiple formats and languages; large print available	Civil rights law; best practice	☐	
Surveys handled independently of caregivers	CAHPS practice	☐	
Medicare-certified: approved HHCAHPS vendor in place, if required	HHCAHPS rules	☐	

B. Complaints and grievances

Action	National basis	Done	Notes
Written process given to every client at start of service	Access Rule grievance system; state rules	☐	
Outside complaint contacts listed (state agency, APS, ombudsman)	State rules	☐	
Every complaint logged with dates and outcome	Best practice	☐	
Safety issues addressed and mandated reports made immediately	State mandated reporting	☐	
No retaliation policy communicated to clients and staff	Best practice	☐	

C. Improvement

Action	National basis	Done	Notes
Results and trends reviewed quarterly by leadership	Best practice	☐	
At least one improvement action chosen and tracked each quarter	Best practice	☐	
Results and changes shared with clients and staff	Best practice	☐	
Caregiver consistency tracked monthly	Best practice	☐	

Completed by: signature	Printed name and title	Date
Reviewed by: signature	Printed name and title	Date

Sources and further reading

CMS: Home Health Care CAHPS Survey (cms.gov)

LeadingAge: HHCAHPS changes for CY 2026 (leadingage.org)

CMS: Access Rule HCBS quality measure reporting (medicaid.gov)

Soriaga CPA: Medicaid 80/20 rule and Access Rule delays (Sept. 2026) (soriagacpa.com)

Home Care Magazine: Activated Insights 2025 Benchmarking Report (homecaremag.com)

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