
STAR+PLUS Pilot Program

**Evaluation Protocol Updates
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- **Evaluation Objective 1.** Assess the effect of the pilot program on access, quality, person-centeredness, and cost-effectiveness of Long-Term Services & Supports (LTSS) provided to STAR+PLUS members. Specific aims to assess:
 - (1a) Access/quality of LTSS
 - (1b) Informed choice, person-centered planning, flexible CDS, individualized budgeting, self-determination, community integration
 - (1c) Service integration
 - (1d) Employment assistance and options
 - (1e) Fair hearings and appeals
 - (1f) Use of and flexible consumer directed services (CDS)
 - (1g) Alternatives to guardianship
 - (1h) Cost-effectiveness
 - (1i) Attendant recruitment and retention

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- **Evaluation Objective 2.** Analyze the experiences and outcomes of systems changes that will occur following implementation of the pilot program. Specific aims to assess:
 - (2a) Comprehensive assessment instrument (interRAI ID)
 - (2b) 21st Century Cures Act (systems for EVV)
 - (2c) CMS HCBS Settings rules for person-centered planning, person-centered plans, and HCBS settings
 - (2d) Attendant and habilitation service provision
 - (2e) Managed care benefits

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- **Evaluation Objective 3.** Elicit feedback on the pilot program based on the personal experiences of pilot program participants, their families, and their comprehensive LTSS providers. Specific aims to collect feedback from:
 - (3a) Members- Individuals with IDD or similar functional needs
 - (3b) Families- persons actively involved in the lives of individuals with IDD
 - (3c) Comprehensive LTSS providers- who delivered services under the pilot program

Study design

- **Treatment group:** STAR+PLUS members who live in the pilot service area, meet the eligibility criteria for inclusion in the pilot, and are enrolled in a pilot MCO
- **Comparison group 1:** STAR+PLUS members who live in the pilot service area and meet the eligibility criteria for inclusion in the pilot, but are enrolled in a non-pilot MCO (or select MCO from another service area)
- **Comparison group 2:** STAR+PLUS members who live in the pilot service area and are enrolled in an IDD waiver

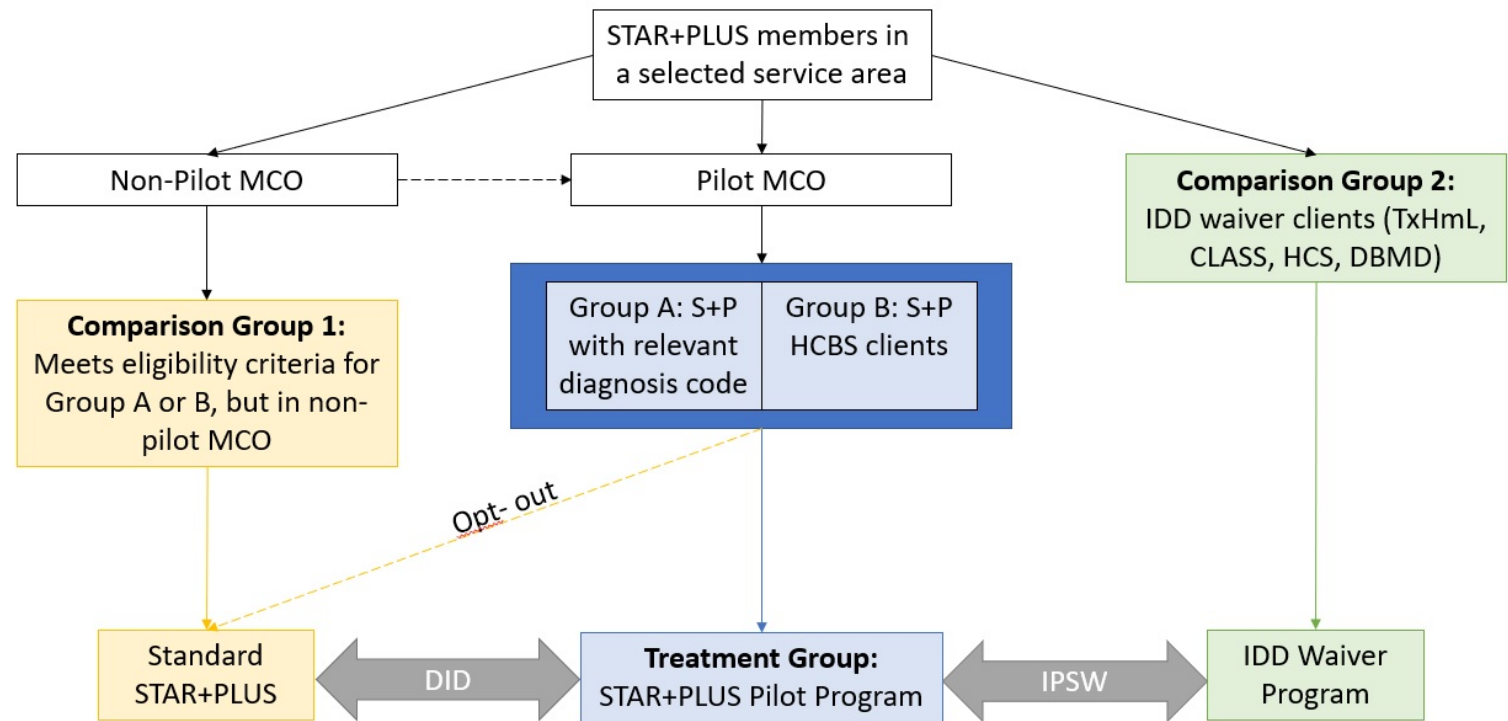


Figure 1. STAR+PLUS Pilot Program Evaluation Study Populations

Data Sources

- Structured surveys/interviews with pilot program participants and their families: NCI-IPS (videoconference or in-person), NCI-AFS (mail or web)
- Case management records, including assessment forms and individual service plans (ISPs)
- Administrative data, including enrollment, claims and encounter data
- Qualitative interviews and focus groups

Measures

- National Core Indicators – In-Person Survey
- National Core Indicators – Adult Family Survey
- CMS MLTSS measures for comprehensive assessment and care plans
- HEDIS, CAHPS, 3M potentially preventable events
- Measures developed by ICHP



Cost-effectiveness analysis

Aim 1h: Best and most cost-effective use of funding

- **Cost-effectiveness:** *The degree to which the pilot program decreases the costs **and/or** improves the outcomes for treatment group participants relative to the participants in the comparison groups.*
- *Cost-effectiveness* will be described using the incremental cost-effectiveness ratio (ICER), which is the ratio of the incremental cost of care to the incremental effectiveness of care.
- Effectiveness will be described using Quality-Adjusted Life Years (QALYs), which will be measured through the EQ-5D module (mobility, self-care, usual activity, pain/discomfort, anxiety/depression) added to the NCI-IPS.
- QALY: 1= one year of life spent in perfect health, 0=death.

- The formula for the Incremental Cost Effectiveness Ratio (ICER) is:

$$ICER = \frac{\text{Incremental Cost}}{\text{Incremental QALYs}} = \frac{Cost_{treatment} - Cost_{comparison}}{QALYs_{treatment} - QALYs_{comparison}}$$

- **Budget impact analysis** will assess costs solely from the payor perspective of the Texas Medicaid program.



Inverse Propensity Score Weighting (IPSW) to include IDD waiver members

Propensity Scores	Participant Groups	
	STAR+PLUS Pilot Group A	IDD Waiver Group B
$P \geq 0.5$ High Probability of Membership in the Pilot Group	A1 Usual Pilot Group under Pilot Program Services	B1 Waiver Members who look like Pilot Group
$P < 0.5$ Low Probability of Membership in the Pilot Group	A2 Pilot Members who look like Waiver Group	B2 Usual IDD Waiver Group under Waiver Services

- A **logistic regression** estimating the probability of membership in the SP3 intervention group, i.e., the propensity score for receiving the extended LTSS services under the pilot program.

$$\ln \frac{P}{1-P} = \beta_0 + \beta_1 \text{Demographics} + \beta_2 \text{Eligibility Groups} + \beta_3 \text{Chronic Conditions} + \beta_4 \text{Comorbidities} + \varepsilon_p$$

- The second and final step in IPSW estimation involves estimating the **outcomes model** after weighting each enrollee's observation by the inverse of that enrollee's predicted propensity score:

$$\text{LTSS Outcome} = \gamma_0 + \gamma_1 \text{Demographics} + \gamma_2 \text{Eligibility Groups} + \gamma_3 \text{Chronic Conditions} + \gamma_4 \text{Comorbidities} + \gamma_5 \text{Treatment} + \varepsilon_o$$

Service coordination records review

- August 2022: Ad hoc study to assess whether state and MCO case management forms, such as functional assessment and service planning forms are designed in a way that allows calculation of the CMS MLTSS measures.
- November 2022: Meet with data team for methodology to establish transmission of completed forms.
- December 2022 – April 2023: Case management forms completeness/quality review study.
- May 2023: Results from case management forms completeness/quality review study included in Quarterly progress/monitoring report to HHSC (#3).

National Core Indicators In-Person Survey (NCI IPS)

- A total of 1,200 surveys, 400 in each group, will be conducted for:
 - (1) Treatment group: STAR+PLUS members in the SP3 program
 - (2) Comparison group 1: STAR+PLUS members in the non-pilot MCOs
 - (3) Comparison group 2: STAR+PLUS members in the IDD waiver programs.
- Primary data collection will occur once during the pre-pilot period (June - November 2023) and once during the first year of the pilot period (June - November 2024).



Discussion

