Home and Community-Based Services (HCBS) Settings Statewide Transition Plan

Appendix D. STAR+PLUS Member Assessment Methodology

Purpose

To assist the Texas HHSC (HHSC) in meeting new requirements for home- and community-based services (HCBS) set forth by the Centers for Medicare & Medicaid Services (CMS), the Institute for Child Health Policy (ICHP) conducted a survey of STAR+PLUS members who reside in assisted living facilities (ALF) and adult foster care (AFC) homes through the STAR+PLUS HCBS Waiver program. Member survey responses were used to validate responses to a separate survey of ALF and AFC providers conducted by HHSC.

Study Design

Surveys were conducted with STAR+PLUS members living in ALFs and AFCs in an in-person interview format, administered by trained interviewers from NORC at the University of Chicago – one of ICHP's preferred survey vendors for the Texas external quality review organization (EQRO) contract. Participants for the survey were selected from among members in STAR+PLUS or a Medicare-Medicaid Plan (MMP) who receive 24-hour residential services in an ALF or AFC. To be considered for inclusion, a member must have been continuously enrolled in STAR+PLUS or an MMP (regardless of health plan) from July 1, 2015, through December 1, 2015,1 and either: (1) received assisted living services (service code T2031) in the same facility during each month of the enrollment period; or (2) received adult foster care services (service code S5140) in the same facility during each month of the enrollment period. A member was confirmed to be living in the facility of record at the time of recruitment. The total number of target completed interviews for this study is 350, stratified into four quotas by type of service (ALF or AFC) and geographical region (Table 1).

[1] Both enrollment and claims/encounter data are necessary to identify eligible members for this study. The enrollment period of July to December 2015 allows for use of complete claims/encounter data, accounting for an expected claims lag of up to three months.

Table 1. Survey Quotas, Target Completes, and Expected Margins of Error[2]

Setting	Urban Quota			Rural Quota			Total		
	Population Size	Target Completes	Margin of Error	Population Size	Target Completes	Margin of Error	Population Size	Target Completes	Margin of Error
ALF	2,370	181	±7.0%	413	125	±7.3%	2,783	306	±5.3%
AFC	94	38	±12.3%	6	6	±0.0%	100	44	±11.1%
Total	2,464	219	±6.3%	419	131	±7.1%	2,883	350	±4.9%

[2] Margins of error are calculated for a population estimate of 50 percent with a 95 percent confidence interval.

Advance letters were sent to all members in the study population at least three days before interviewers begin making recruitment calls. The advance letters explained the purpose of the study and notified members that they would receive a telephone call from researchers working with Texas HHSC; the letters included a statement that participation in the study is voluntary.

Data Collection and Management

The survey tool, which was developed by HHSC with assistance from ICHP, assessed the experiences of members (or their proxies) with residential services using a structured interview format. The interview was divided into six sets of related questions – Choice of Home; Employment; Service Plans and Options; Respect, Dignity, and Privacy; Community Integration; and Choice, Control, and Rights. The tool included a total of 100 closed-ended questions and 2 open-ended questions; several closed-ended questions have an "other" response category that includes the option for respondents to specify their answers in an open-ended format. The tool concluded with an interviewer feedback section to collect information on interview context (e.g., location, persons present, number of interviewers, mode of administration), interview duration, problems with survey items, and any factors that may affect the validity of responses (e.g., prior knowledge of respondent, hostility of respondent, potential coercion of respondent by others).

Web Tool and Pilot Testing

The English-language tool was programmed for web-based data collection using the REDCap application[3,4] and pilot-tested by ICHP researchers with up to ten members prior to the official start of data collection. Texas HHSC developed a Spanish-language version of the tool, which was pilot-tested by NORC interviewers with up to 10 Spanish-speaking members. In both cases, pilot testing occurred in a single community appropriate to the English-

[3] https://www.ctsi.ufl.edu/research/research-support/redcap/
[4] Project-specific URL: https://redcap.ctsi.ufl.edu/redcap/surveys/?s=8WPNWWTTRX/

speaking population (Austin, Texas) and Spanish-speaking population (San Antonio, Texas). Interviewers conducted pilot tests in assisted living facilities only, reserving the small sampling frame of adult foster care homes for the official study.

The pilot interviews focused on the performance of survey items from the participant's perspective (including clarity, cultural sensitivity, and perceived relevance of survey items; perceived comprehensiveness of response options; and comprehension of item and response wording) and ease of use from the interviewer's perspective (including clarity of interviewer notes, performance of skip patterns, and overall duration of interview).

Interviewers

Texas HHSC and ICHP held a half-day training for NORC interviewers in Austin during the week prior to the start of data collection. The training included: (1) a description of the purpose of the study and characteristics of the study population; (2) discussion of protocols for participant recruitment, obtaining consent, and scheduling interviews; (3) a review of the interview tool content, including protocols for asking questions, coding responses, and using interviewer notes; (4) discussion of protocols for data security and transfer; (5) discussion of protocols for reporting suspected abuse or neglect of ALF/AFC residents; and (6) a review of the REDCap application.

Five NORC interviewers – one English-speaking only (in Houston) and four bilingual in English and Spanish (in Houston, Dallas, Fort Worth, and San Antonio) – and one NORC field manager were assigned to this project. The NORC field manager received the member sample file from ICHP via a secure FTP site and distributed the sample to interviewers according to location. NORC interviewers recruited participants for the study by telephone using the sample file provided to them and other tools developed by ICHP and NORC (including a recruitment script and background information form).

Interview types

The recruitment script allowed for scheduling three types of interviews: (1) resident interviews (to be conducted with the sampled member); (2) resident/interpreter interviews (to be conducted with the sampled member and with the assistance of an interpreter); and (3) proxy interviews (to be conducted with a proxy respondent).[5] An interview was classified as needing an interpreter if the following conditions were met:

The resident is not physically or mentally able to speak on the phone (and therefore cannot provide direct verbal consent for interviewers to meet him or her in person).

The resident can communicate non-verbally or by other means in person (and therefore could participate in an in-person interview with the assistance of an interpreter).

An interpreter is available to verbally communicate the resident's consent on the phone for interviewers to meet with him or her AND is available to be present to provide interpretation during the in-person interview.

Interpreters and interview language

For interviews classified as resident/interpreter, at the time of recruitment the interviewer collected more specific information on the resident's communication needs. This study allowed for resident/interpreter interviews in cases where the resident communicates using American Sign Language, home signs (non-standard sign language), or a

[5] A proxy respondent is identified as "the person who is most knowledgeable about the resident's health and living situation." Acceptable proxies include family members or friends of the resident (excluding those who are paid to serve as ALF/AFC providers for the resident or who are other residents in the same facility) and staff who are not employed by the ALF, AFC, or the MCO serving the resident. It is not acceptable for the resident's case manager, service coordinator, or any other paid staff of the resident's ALF, AFC, or MCO to serve as a proxy. The proxy may or may not be the resident's legal guardian; the respondent's status as legal guardian is recorded during the in-person consent process.

communication board. The study did not allow for resident/interpreter interviews in languages other than English or Spanish; without an official translation of the interview tool into other spoken languages, unscripted interpretation would have introduced threats to the validity and reliability of responses.

For respondents whose primary language was either English or Spanish, an interviewer fluent in the specified language conducted the interview. For respondents whose primary language was a language other than English or Spanish, the interviewer collected information regarding the respondent's level of English and Spanish. Respondents who were fluent or conversational in either language were considered eligible and were scheduled for either an English-language or Spanish-language interview (depending on the language in which the respondent has greater mastery). Respondents whose level of English and Spanish was basic or lower were not eligible to participate.

Background Information

Interviewers collected background information at the time of recruitment, using information from the sample file (e.g., resident's name and contact information) and information collected from study participants on the phone (e.g., names of proxies or interpreters, respondent's language and special communication needs). NORC developed a database to store and access background information, which was shared with interviewers. The background information form contained fields for the study (respondent) ID and interviewer ID, as well as several fields for personally identifiable information. On a regular basis (e.g., once per week), the interviewer securely shared the background information database with the field manager, who in turn shared the database with ICHP using a secure FTP site.

Interview Setting and Format

Interviews were conducted at the resident's home (i.e., the ALF or AFC) or at another location requested by the participant. If possible, the interview was conducted in private. For resident interviews, other people were present if the resident requested (or if another person was needed for interpretation purposes). Provider staff members were not allowed to be present. If others provided assistance during a resident interview, interviewers elicited final responses from the resident.

For proxy interviews, the resident had the option to be present, although his or her presence was not mandatory. In cases where both the resident and proxy were present during a proxy interview, the resident may have provided input when answering the questions. This may have occurred in the form of communication between the resident and the proxy, or between the resident and the interviewer. In this event, interviewers allowed the resident and proxy time to discuss the appropriate response, and then elicited the final response from the proxy. If the resident and proxy could agree to an answer (e.g., if the resident objected to the proxy's final response), then interviewers marked the response to the question as "No Response/Refusal".

Interviewers used a Wi-Fi-enabled device (either a laptop or a tablet) for data collection, as well as a mobile Wi-Fi hotspot device (e.g., "Mi-Fi") to establish a wireless connection in places where there otherwise were no wireless connection options. In most cases, interviewers obtained consent, collected survey responses, and completed the interviewer feedback form in real time using the REDCap tool. Interviewers also brought blank hard copies of the interview consent forms, interview tool, and interviewer feedback form to use if Wi-Fi was not available at the interview site and the Wi-Fi hotspot device did not function.

For Spanish-language interviews, the consent, interview tool, and interviewer feedback were all be completed on paper (using Spanish-language tools developed for this purpose). At the end of a Spanish-language interview, or after returning from the interview, the interviewer entered all information collected on paper into the equivalent English fields of the REDCap tool. Interviewers securely stored completed paper tools for two weeks after the data have been transcribed into REDCap, at which point the completed paper tools should be destroyed.

Consent

The participant's consent to be visited by interviewers for the study was obtained on the telephone at the time of recruitment. The participant's consent to participate in the interview was obtained in-person immediately prior to the interview. This consent language – provided separately for resident and proxy interviews – was read directly from the hard copy consent form.

The participant's consent to be interviewed was recorded in the REDCap tool.

Interview Data Collection

When asking most questions, interviewers used an open-ended style and then checked the answer that best represented the resident's response. Probing or examples were used as needed to clarify or better specify responses. In cases where the respondent's answer did not match the response option verbatim, interviewers read the elected response option back to the respondent aloud to confirm. Certain types of questions had response sets that were read to the respondent. These included questions that assessed frequency (e.g., "never" … "always") and amounts (e.g., "a lot" … "none").

Interviewers helped respondents with any words that were not understood and repeated questions to improve understanding.

All closed-ended questions had "Don't Know" and "No Response/Refused" response options. The "Don't Know" response option was used to indicate that the respondent did not have information on the subject. The "No Response/Refused" option was used if the respondent did not have an opinion, did not want to talk about the question, or gave an unclear response despite efforts by the interviewer to seek clarification. Respondents were instructed that they could skip any question, in which case interviewers specified the "No Response/Refused" option.

If the respondent had to discontinue an interview, the REDCap tool had a function that permitted interviewers to stop the interview and return to it later ("Save & Return Later").

If web-based data collection was interrupted due to failure of Internet service, a return code was also generated and could be accessed by ICHP through the REDCap administrative interface. If this occurred, the interviewer \ continued and completed the interview using the paper tool. After the interview, the interviewer contacted the field manager to inform her of the interruption. The field manager could then obtain the applicable return code from ICHP and communicate the return code to the interviewer. The interviewer had to use this return code to input any responses that were collected on paper.

Data Monitoring

Researchers from ICHP extracted full survey datasets from the REDCap application on a weekly basis to assess data quality and monitor survey productivity. An interview was considered complete if, at minimum, the Choice of Home section was completed. On a weekly basis, ICHP and NORC held conference calls to discuss recruitment call dispositions, survey productivity, and any other issues that arose during data collection. Conference calls with ICHP, NORC, and HHSC were held as needed to resolve any issues that arose during data collection.

In addition, NORC implemented ongoing quality assurance protocols to monitor the quality of data collected by interviewers. Quality monitoring began after one month of data collection. NORC randomly selected an interview completed by each interviewer and the field manager attempted to reach these respondents by phone to ask questions about the interviewer and the overall interview experience. NORC shared the data collected with ICHP. The field manager, met with all interviewers weekly via telephone and provided feedback from the interviews directly to the interviewers. If there were indications that an interviewer required additional quality monitoring, NORC contacted additional respondents with whom the interviewer had completed an interview.

Data Analysis and Reporting

After survey fielding was completed, ICHP extracted the full dataset from REDCap, cleaned and recoded data as appropriate, and imported it into SPSS format for analysis. To facilitate inferences to ALF, AFC, and combined member populations, ICHP developed a separate base survey weight for each of the four study quotas. Base survey weights represented the inverse probability of inclusion in the final data, and were calculated as Nx/nx, where x

represented the quota, N represented the study-eligible population for that quota, and n represented the number of completed interviews in that quota. Using information on member sex, age, and race/ethnicity available from the sample files, ICHP conducted a non-respondent analysis to determine whether response rates differed significantly according to these demographic characteristics. In cases where statistically and practically significant differences were observed in response rates for a demographic characteristic, ICHP developed a weighting correction factor to help correct for potential non-response bias.

In consultation with HHSC and ICHP statistical faculty, additional weight corrections were developed when needed to account for differences in facility capacity (measured by number of beds). These weight corrections allowed for member responses in higher-capacity facilities to have greater weight than member responses in lower-capacity facilities. Without these weight corrections, for example, responses of a member in a 4-person ALF would have had an equal bearing on overall ALF results as responses of a member in a 20-person ALF.

Descriptive results for each individual survey item were reported separately for each of the four quotas, and for ALFs combined (urban and rural) and AFCs combined (urban and rural). As determined appropriate by HHSC, results were also reported for urban facilities combined (ALFs and AFCs), rural facilities combined (ALFs and AFCs), and all facilities combined (all quotas). Reported results excluded "Don't know" and "No Response/Refusal" responses from the denominator. Responses to open-ended questions were compiled, grouped, and reported following standards for reporting of qualitative data.[6] Certain completed records were excluded from analysis if information in the interviewer feedback section suggested that responses were biased (e.g., due to coercion by others present during the interview).

[6] Open-ended items include: HOME_4, HOME_6, HOME_9_other, ISP_3_other, ISP_5_other, DIG_3a, CI_3_other, CI_4_other, CI_8_other, and CCR_18_other.