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# Vermont Choices for Care Evaluation: 2008-2009 Technical Assistance Summary

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## Introduction

The Vermont Department of Disabilities, Aging and Independent Living (DAIL) contracted with the UMass Medical School (UMMS) to provide evaluation services for the Choices for Care (CFC) waiver. More specifically, the contract specified that one of the services to be provided was technical assistance (TA) to help DAIL implement and evaluate CFC. Over contract year 2008-2009, technical assistance with CFC staff and UMMS staff took the form of technical assistance teleconferences.

This report summarizes UMMS' technical assistance activities from July 2008 to June 2009.

## Monthly Technical Assistance Teleconferences

UMMS held teleconferences with DAIL on an at least monthly basis between July 2008 to June 2009. Core participants in these calls were UMMS evaluation staff, DAIL staff and, occasionally, UMMS consultants. Specifically, these TA calls included UMMS staff -- Dee O'Connor (principal investigator), Emma Quach (project director) and David Centerbar (project associate). In addition, Judy Savageau, a UMMS consultant, has participated on calls that pertained to qualitative and quantitative methodologies. DAIL staff on these calls have included Bard Hill (Data and Planning Unit Director), Adele Edelman (Adults Supports Unit Director), Tracey Harrington (Data and Planning Unit), Joe Carlomagno (Operations Director), and Camille George (State Unit on Aging Director).

UMMS provided knowledge-based technical assistance to DAIL which culminated in the following products:

- Operationalizing indicators from the DAIL's Social Assistance Management System (SAMS) for annual evaluation reporting
- Quality Management Policy Brief
- Enrollment Policy Brief
- Merged CFC data analysis by UMMS
- Suggested approaches for Medicare data analysis

We describe these products in detail below<sup>1</sup>.

### *Operationalizing SAMS-based Indicators*

<sup>1</sup> During the contract year 2008-2009, monthly teleconferences allowed DAIL to inform UMMS of how the recession was affecting CFC services as well as DAIL support staff.

During contract year 2008-2009, UMMS and DAIL held multiple discussions and made decisions regarding the measurement of several CFC “effectiveness” indicators requiring data from SAMS. (These indicators, along with other indicators, formed the list of indicators outlined in the CFC evaluation plan that was developed during the prior (2007-2008) contract year.<sup>2</sup>) To ensure that these SAMS-based indicators would be reported in a consistent and meaningful manner across years, UMMS and DAIL specified the criteria for reporting these indicators. For example, average length of stay by setting was defined in a way that separated participants who were automatically enrolled into CFC on October 1, 2005 from participants who were not automatically enrolled. For each indicator based on data from SAMS, participants in the “NAPA” (No Other Placement Available) or short-term nursing facility setting were excluded to enable DAIL to focus on potentially long-term nursing facility members.

UMMS and DAIL arrived at these decisions after numerous reviews of actual data in SAMS as well as discussions on how the data could be extracted in a way that would inform the evaluation. As a result of this process, UMMS finalized the quantitative data report that described how CFC fared on a number of quantitative indicators during the first two demonstration years.

#### *Quality Management Policy Brief*

During this contract year, DAIL suspended its provider reviews conducted by the Quality Management Unit, which in fall 2008 ceased being a separate Unit in the Division of Disability and Aging Services (DDAS). As a result, DAIL was exploring potential ways of meeting their provider review obligations in a resource-efficient manner. To this end, UMMS drafted a quality management brief that reviewed policies and procedures of the CFC provider site-visits conducted by the DDAS and the Division of Licensing and Protection. The quality management policy brief included concrete recommendations for DAIL to enhance existing quality management procedures.

To maximize the reach of this policy brief, discussions were held with UMMS and DAIL staff on the findings and recommendations of the policy brief. Specifically, the former Quality Management Unit director, the current CFC manager, the State Unit on Aging director, and the Data and Planning Director reviewed the policy brief and provided feedback on the policy brief. Their feedback was incorporated into the final quality management policy brief.

#### *Enrollment Policy Brief*

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<sup>2</sup> The CFC evaluation plan was organized by the seven CFC short-term desired outcomes that were expected to be achieved during the demonstration period. See the full CFC evaluation plan at <http://www.ddas.vermont.gov/ddas-publications/publications-idu/publications-idu-documents/cfc-evaluation-oct-2008>.

During the early 2008-2009 contract period, UMMS gathered and incorporated a final round of DAIL comments to the Enrollment Policy Brief. The Enrollment Policy Brief discussed and made recommendations to DAIL on the CFC waiting list policies and procedures, including how to monitor the clinical status of individuals on the waiting list. In 2008, the final Enrollment Policy Brief was submitted to DAIL.

### *UMMS Merged CFC Data Analysis*

A main task that UMMS performed in this contract year was the analysis of a data set that included the CFC responses to the 2008 Macro survey, the CFC Independent Living Assessments of highest and high participants, and the assessments of moderate needs participants (as stored in DAIL management system), and these participants' plan of care data (stored in SAMS).

An early step to this merged data analysis was the data entry of the assessment data of the highest and high participants. To ensure that the ILA data entry process included data elements important to the merged CFC data analysis, UMMS collaborated with DAIL on finalizing a list of ILA data fields for entry. In addition, UMMS also discussed the pros and cons of various verification methods for checking for data entry accuracy.

Next, UMMS also worked with DAIL on identifying specific plan of care data from SAMS that would be extracted for this merged CFC analysis. Lastly, UMMS conducted preliminary analysis of the Macro survey data and notified DAIL that the Macro survey results related to all DAIL consumers were in fact not inclusive of all DAIL consumers. This analysis informed DAIL in interpreting these results. As a result of these decisions, a merged data set was created that incorporated data elements for analysis during this contract year and possibly future years.

### *Medicare Data Analysis*

During this contract year, Vermont pursued obtaining Medicare claims data for a sample of Medicare beneficiaries with specific chronic conditions. DDAS was exploring possible research areas for the CFC population using this data set. To assist in this effort, UMMS provided input to DDAS' list of potential research areas. For instance, UMMS suggested that merged Medicare and Medicaid claims data be used to examine whether CFC participants experience a decline in hospitalization rates for specific conditions over the demonstration years. If an opportunity presents itself (i.e., multiple years of Medicare data were available), UMMS could seek additional funding to analyze data merging Vermont Medicare data with CFC (such as Medicaid claims) data.

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