

Procedures for Quality of Life Surveys

March 2013

PURPOSE: To explain the procedures for completing the Quality of Life (QoL) Surveys

BACKGROUND: To evaluate the Money Follows the Person (MFP) Demonstration, CMS has provided funding to states to collect information on a client's QoL before and after a transition. This is of particular importance given that a priority of the MFP initiative is to improve the QoL of participants. The key measure of this is the QoL surveys. The study will aggregate the results of the surveys to determine how well the MFP initiative is meeting the needs of clients and what changes may need to be made to the program. The results of this study will be summarized in a report to Congress.

In Colorado, the MFP Demonstration Program is called Colorado Choice Transitions (CCT).

Mathematica is the national evaluator for the MFP demonstration and is primarily responsible for aggregating and analyzing the results as well as preparing reports based on the data. For each MFP client, the QoL surveys are to be conducted by the contractor prior to discharge, 11-months after discharge and 24-months after discharge.

General Procedures for the QoL Surveys

1. It is strongly preferred that the surveys are conducted face-to-face.
2. The interviewer will attempt to contact the client at least five times to schedule a survey.
3. After five attempts or if the client is a no show, the interviewer should inform the Department so that the CCT staff can follow-up with the client.
4. The surveys will be scheduled and conducted in accordance with Mathematica's Training Manual.
5. In the event that the interviewer discovers that the client is a victim of abuse, neglect or exploitation or is in an unsafe environment, the

interviewer will notify the CCT state staff immediately following the interview. CCT state staff will follow-up as appropriate. If the client is in immediate danger, the interviewer will notify Adult Protective Services or call 911.

6. The interviewer will review the survey for completeness and legibility.
7. Once complete, the interviewer will then send the completed survey to the Department via encrypted email, fax or mail. See contact information.
8. The Department will complete the data entry in the QoL database.
9. The Department will send notice to the interviewer if any surveys are incomplete or illegible. These surveys will not be considered for payment until resolved.
10. The case management agency (CMA) will send a monthly invoice to the Department by the 15th of each month listing the surveys completed in the prior month. For example, an invoice submitted on March 15th will reflect the surveys completed in February. Each survey listed will include the date completed and the client's Medicaid ID.
11. The CMA will send invoices to its contract manager by email, fax or mail.
12. The Department will review the invoice and make payments within 30 business days.

Procedures for Initial Baseline Survey

1. The survey is to be conducted preferably in the nursing facility within 14 days prior to the client's discharge.
2. Once a discharge date is established for a client, the CMA that will be providing case management services to the client will schedule and conduct the survey.
3. The interviewer will conduct the initial survey with the client or a proxy in accordance with the Mathematica guidelines.

4. The interviewer will submit the survey to the Department as described under the general procedures.

Procedures for 11- and 24-month Follow-up Surveys

1. The Department will track when each client is due for a follow-up survey in the QoL database.
2. One month prior to the due date, the Department will send a survey request to the CMAs in the area where the survey needs to be completed. The Department will strive to make sure that the QoL surveys are spread evenly among agencies in a given region.

Note: Since part of the QoL survey addresses satisfaction with services, the agency providing case management services cannot conduct the follow-up surveys.

3. Once assigned, the interviewer from a CMA will attempt to schedule a time with the client and/or his or her proxy in the month that the survey is due.
4. The interviewer will conduct the survey in accordance with the guidelines provided by Mathematica.
5. The interviewer will submit the survey to the Department as described under the general procedures section.

PRIVACY: The client survey data is confidential client information and is to be protected in accordance with HIPAA. The following requirements are to be adhered to when handling the survey data:

1. Do not release survey data to anyone except to the Department CCT staff.
2. Do not publish or release identifying information to anyone, except as may be required by law, regulation, or subpoena.
3. Do not discuss information from or about the CCT client or respondent with anyone outside the project.

TRAINING: Mathematica has created a training Website for QoL interviewers. This Website requires a log-in. To request a log-in, the agency administrator must send an email to Tim Cortez at timothy.cortez@state.co.us. The email must contain the following contact information:

- Case Management Agency;
- Case manager's first and last name;
- Case manager's phone number; and
- Case manager's email address.

To log-in, go to the [Mathematica Training Site](#). At the site you will find a Web-based, self-paced training, a training manual and the QoL survey tool.

The agencies must notify Mathematica in the event that an interviewer's employment is terminated so that the Web account can be suspended.

CONTACT INFORMATION:

Any issues related to the training Website should be directed to Rebecca Mason at Mathematica, RMason@mathematica-mpr.com.

Any issues or questions related to the administration of the surveys should be directed to Kathy Cebuhar at the Department, Kathy.cebuhar@state.co.us.

Send surveys to:

Email: CCT@hcpf.state.co.us

Fax: 303-866-2786

Mail: Dept of Health Care Policy & Financing
Attn: CCT, 2nd floor – QoL
1570 Grant St
Denver, CO 80203

In the subject line of an email or the fax coversheet, enter "QoL Survey," client's initials and Medicaid ID. For example, QOL Survey—JD A123456

Revised

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