Commonwealth Coordinated Care Program Evaluation
Focus Group Implementation Plan[1]

Background

The Commonwealth Coordinated Care (CCC) Program is a Medicare-Medicaid financial alignment demonstration intended to improve care for approximately 71,000 "dual eligibles" by coordinating and integrating all medical, behavioral health (BH), and long term services and supports (LTSS) they are eligible to receive under a managed care delivery system. The overall goal of the CCC Program is to provide enrollees with high-quality, person-centered services that meet their medical and social needs. Because the program is a demonstration, it is only being implemented in five regions of the state (Central Virginia, Northern Virginia, Roanoke, Tidewater, and Western Virginia/Charlottesville).[2] While dual eligibles residing in these regions are subject to automatic enrollment, participation is entirely voluntary and individuals may disenroll at any time.[3] Over 11,000 dual eligibles have enrolled in the CCC Program since March 1, 2014. Additional information on the program is available online at: http://www.dmas.virginia.gov/Content_pgs/altc-enrl.aspx.

Because the CCC Program represents a new approach to providing care in Virginia, the Department of Medical Assistance Services (DMAS) contracted with George Mason University (Mason) to evaluate the program using both qualitative and quantitative data collection and analysis procedures. (The members of the evaluation team are listed in Appendix A.) As part of the evaluation, DMAS created its first ever evaluation advisory committee to assist the evaluators with understanding the unique needs and concerns of the various organizations and dual eligible subpopulations involved in the program. (The members of the evaluation team and advisory committee are listed in Appendices A and B.)

A key component of the evaluation consists of examining the experiences of CCC enrollees who are receiving LTSS and/or BH services through a series of group discussions commonly referred to as focus groups (FGs). FGs are often used to better understand how people feel or think about the services they receive through particular programs. The information collected is then used to make informed decisions about the programs. For the CCC project, information from the FGs will be used by DMAS management, elected officials, advocates, and other stakeholders to make decisions about the structure of the CCC Program and its future direction.

While FGs have become increasingly popular for collecting information from people, they can be challenging to plan and conduct. As a result, DMAS is partnering with the Virginia Association of Centers for Independent Living (VACIL) and the three Medicare-Medicaid Plans (MMPs) (Anthem HealthKeepers,

[1] The information contained in this document (including all 12 appendices) is subject to change.
[2] For dual eligibles residing in the Tidewater and Central Virginia regions, program enrollment began on March 1, 2014, with services starting on April 1. Enrollment for dual eligibles residing in the Northern Virginia, Charlottesville, and Roanoke regions began on May 1, 2014, with services starting on June 1.
[3] Within each demonstration region, voluntary enrollment always beings prior to automatic enrollment.

Humana, and Virginia Premier) to organize a series of focus groups with enrollees across the demonstration regions. This document outlines the process that will be used to conduct the enrollee FGs. The sections that follow provide information on the FG method and project responsibilities; participant recruiting and follow-up procedures; participant information form, consent/confidentiality form, and demographic questionnaire; FG discussion guide and stimulus materials; and documentation procedures. Individuals interested in the evaluation and/or FG plan should direct inquires to Gerald Craver (DMAS lead evaluator; gerald.craver@dmas.virginia.gov).

An Overview of the Focus Group Method and Project Responsibilities

A ***focus group (FG)*** consists of a group of individuals who meet in one place at the same time to engage in a guided, but relatively unstructured, discussion around a specific topic of interest. The individual who guides the discussion (typically a member of the evaluation team) is known as the moderator. The moderator performs an important role by eliciting a general discussion among participants on the research topic in lieu of direct feedback to specific questions. Thus, a unique characteristic of the FG method is that much of the information generated comes from the interaction and conversation that occurs among participants. Other characteristics include:

- recruiting individuals who meet certain criteria to provide a shared basis for discussing the study topic;
- offering individuals incentives for participating;
- providing individuals with information forms outlining the ground rules for participating, reviewing informed consent/confidentiality protocols, and collecting demographic information;
- creating a relaxed environment that encourages participants to openly share their experiences, opinions, and perceptions without pressure to reach consensus;
- using a guide and other stimulus material to generate an “information-rich” discussion about the study topic as well as audio-equipment to record the discussion for transcription and analysis purposes; and
- having one or more staff members assist the moderator with all the planning and logistics needed to conduct the focus groups.

For this project, most of the work to plan, organize, and conduct the FGs will be performed by the DMAS/Mason evaluation team. For example, ***the evaluation team will provide*** the moderator and other staff needed to run the FGs as well as the audio-recording equipment, and transcription and analysis services. The team will also identify criteria for recruiting participants for the FGs as well as generating the discussion guide, stimulus material, and administrative forms. The remaining work will be performed by VACIL and the MMPs. ***VACIL will identify*** local CILs that will assist by recruiting

individuals (or the authorized representative of someone enrolled in the CCC Program) to participate as well as by providing meeting space and refreshments. (Appendix B contains a list of the CILs that are assisting with this project.) The ***MMPs will assist*** by reimbursing the CILs for arranging transportation and other services (such as translators) that may be needed for enrollees to participate in the groups.

Focus Group Recruitment and Follow-Up Procedures

Due to their collective nature, FG composition (who is asked to participate and who is not) is important because it influences both the type and quality of information collected. To ensure that the FGs generate useful information that will allow DMAS management and other stakeholders to learn about enrollees' care and service experiences leading up to the CCC Program as well as their experiences during the enrollment and initial care coordination processes, the groups should consist of individuals who meet ***all*** of the following ***screening criteria***:

- currently receiving services from one of the CILs assisting with this project;
- enrolled in the CCC Program for at least ***three*** months or the authorized representative of someone enrolled in CCC for at least three months,
- have experience working with at least one CCC care coordinator, and
- be capable of communicating (or verbalizing) their experiences in a group setting either individually or with assistance.

To capitalize on group dynamics so important to this method, each focus group should be composed of ***five to eight individuals***.[4] Some people who agree to participate in the focus group will not actually show up. Therefore, ***10 to 12 individuals*** should ***be recruited*** for each group to ensure an adequate number of individuals are present during the discussion.

To identify participants, individuals should be selected from a list, such as the DMAS 270/271 form that identifies CCC enrollees by provider. To "personalize" recruiting, ***the actual outreach*** should be performed by staff members who are recognized, trusted, and respected by the CIL clients approximately ***two to three weeks in advance*** of the focus groups. Individuals who agree to participate should be sent ***a follow-up/confirmation letter*** on official VACIL (or CIL) letterhead as soon as possible thanking them for agreeing to participate and providing additional details about the focus group meeting, location, date/time, and discussion topics. A ***reminder phone call*** should also be made to the

[4] If the CILs are unable to recruit at least five individuals for the focus groups, the discussion can be performed with as few as ***three individuals***. While the evaluation team prefers to use larger groups, smaller groups are often easier to manage and can sometimes generate richer discussions. If the CILs are only able to recruit ***one or two participants***, then the evaluation will simply conduct **in-depth interviews** with these individuals in lieu of focus group discussions.

individuals ***one to two days*** prior to the meeting. The focus groups will last approximately ***two hours and, if possible, will occur during either the late-morning (10 am to 12 pm) or mid-afternoon (2 pm to 4 pm)***.[5] (Late morning is the preferred time.)

Appendix C contains a script that CIL staff can use to recruit (either in-person or via telephone) individuals for the FGs. Appendix D contains a confirmation/follow-up letter that CIL staff can send to individuals after they agree to participate. (Both the script and letter can be modified.) Appendix E lists the order (and proposed dates and times) that the FGs will be conducted at the local CILs in the Tidewater, Central Virginia, and Northern Virginia Demonstration Regions. Because the CCC Program was implemented initially in the Tidewater region, the first focus group will be held in Hampton at the Peninsula Center for Independent Living.

Participant Information, Consent/Confidentiality, and Demographic Questionnaire Forms

Due to the highly contextual and personal nature of qualitative data collection methods, the ethical treatment of individuals who participate in any evaluation employing these methods is imperative and consent must be given prior to their involvement. As such, individuals who participate in this project will be given a ***participant information form*** outlining the parameters of the CCC evaluation and the scope of their involvement, including any potential risks and benefits that may exist. Because the participant information form (Appendix F) is generally given to individuals when they express interest in participating, the form will be enclosed in the ***follow-up/confirmation letter mailed to individuals who agree to participate***. This form will be written in a question and answer style to help individuals make an informed decision about participating. This form will also be provided to individuals upon arrival at the FG locations along with a ***consent/confidentiality form*** (Appendix G) that they will be asked to sign acknowledging their participation in the evaluation. (The evaluation team will distribute these forms to individuals when they arrive for the focus groups.) The final form that will be given to participants upon arrival is a ***demographic questionnaire*** (Appendix H), which will be used to collect descriptive information on the participants to give stakeholders an idea of the range of individuals who participated in the FGs.

Focus Group Discussion Guide and Stimulus Material

While a FG is conducted as a relatively unstructured conversation around a specific topic, the moderator must still use a carefully designed ***discussion (or question) guide*** that covers the range of issues that the participants are to discuss. In contrast to interviews, the questions on a FG guide act as prompts to generate discussion by stimulating participants to respond to and agree or disagree with each other as opposed to simply responding to the moderator. As a result, the questions are open-ended and use various cognitive triggers (e.g., asking individuals to list the different places they may go for a particular

[5] The two hour estimate includes time for arrival, completing administrative forms, reviewing FG ground rules, the actual discussion, and wrap-up procedures.

health care service or asking them to describe a process they used to obtain services and any problems that were encountered) that promote more informative exchanges among participants. FG guides are generally divided into topic areas with sets of associated questions and include a brief introduction to the group environment (or ground rules) and one or two "warm-up" questions to get participants talking. In addition to the discussion guide, FGs often include one or more ***stimulus materials*** (e.g., short vignettes, exercises, or printed images) that are used to foster discussion by more actively engaging participants in the research topic. Appendix I contains the discussion guide developed for this project, while the stimulus materials are presented in Appendix J.

Focus Group Documentation Procedures

As mentioned earlier, the evaluation team will use ***audio-equipment*** (e.g., two digital recorders) to record the FG discussions for transcription and analysis purposes. This process is critical because the audio-recordings represent the actual data that will be analyzed to produce information that DMAS management and others can use to make informed decisions about the CCC Program. To ensure that the transcripts produced from the audio recordings accurately reflect the actual FG discussions, one or two members of the evaluation team will act as note-takers to capture the general flow of the discussions including key quotes and nonverbal exchanges (e.g., participant body language, mood, gesturers). At the end of each FG, the moderator, evaluation staff, and any observers who attended, will meet to ***debrief the discussion***. The debriefing will review how well the group addressed the evaluation objectives, group tone and feel, and any changes that may be needed to the discussion guide. The note-taking and briefing forms that will be used to document the FGs are presented in Appendices K and L.

Summary

This document presents the plan that the DMAS/Mason evaluation team developed for conducting FGs with LTSS enrollees in the Tidewater, Central Virginia, and Northern Virginia CCC Demonstration Regions. Since the CCC Program is still in the early implementation stages, the FGs will be used to learn about enrollees' care and service experiences leading up to the program as well as their experiences during the enrollment and initial care coordination processes. The evaluation team plans to conduct additional FGs toward the end of the CCC Program to learn about how enrollees' care coordination experiences may have changed during the program. While the implementation plan is oriented toward CILs, it can be modified to allow the team to partner with other organizations (such as area agencies on aging, community service boards, and nursing facilities) to conduct FGs or interviews with additional groups of enrollees.

Appendix A
CCC Evaluation Team

Department of Medical Assistance Services

Gerald Craver, Ph.D.*
(Policy and Research Division)

Meredith Lee, M.P.H. *
(Policy and Research Division)

Matthew Behrens, M.P.A
(Office of Integrated Care
and Behavioral Health)

Sarah Broughton, M.S.W. *
(Office of Integrated Care
and Behavioral Health)

Fuewei Guo, M.P.H.
(Office of Integrated Care
and Behavioral Health)

Elizabeth Smith, R.N.
(Office of Integrated Care
and Behavioral Health)

George Mason University

Alison Cuellar, Ph.D.
(Department of Health
Administration and Policy)

Gilbert Gimm, Ph.D.
(Department of Health
Administration and Policy)

*Staff responsible for developing the focus group implementation plan and conducting the focus groups.

Appendix B
CCC Evaluation Advisory Committee

Jack Brandt
Virginia Commonwealth University
Partnership for People with Disabilities

Debbie Burcham
Chesterfield Community Services Board

Emily Osl Carr
Department of Medical Assistance Services

Parthy Dinora, Ph.D.
Virginia Commonwealth University
Partnership for People with Disabilities

Laura Lee O. Viergever
Virginia Association of Health Plans

Nakia Speller
Prince William Area Agency on Aging

Steve Ford
Virginia Health Care Association

Sheryl Garland
Health Policy and Community Relations
Virginia Commonwealth University
Health System

Maureen Hollowell
Endependence Center, Inc.

Betty Long
Virginia Hospital and Healthcare Association

Linda Redmond, Ph.D.
Virginia Board for People with Disabilities

E. Ayn Welleford, MSG, Ph.D., AGHEF
Department of Gerontology
Virginia Commonwealth University

Jamie Liban
The Arc of Virginia

Appendix B
Centers for Independent Living Assisting with the Focus Groups

Disability Resource Center
409 Progress Street
Fredericksburg, Virginia 22401

Endependence Center, Inc.
6300 East Virginia Beach Boulevard
Norfolk, Virginia 23502

Independence Empowerment Center
9001 Diggs Road, Suite 103
Manassas, Virginia 2011

Peninsula Center for Independent Living
2021-A Cunningham Drive, Suite 2
Hampton Virginia 23666

Resources for Independent Living, Inc.
4009 Fitzhugh Avenue
Richmond, Virginia 23230

Appendix C
Recruiting/Screening Script

NOTE: THIS IS A GUIDE AND CAN BE MODIFIED. DO NOT READ SCRIPT VERBATIUM. YOUR OUTREACH SHOULD BE CONVERSATIONAL.

Name of Person:	Phone Number:
Date/Time Contacted:	Better Date/Time to Contact:

Hi, this is [*your name*] and I'm with [*name of center for independent living*]. We're working with the Department of Medical Assistance Services (Virginia Medicaid) on the Commonwealth Coordinated Care (CCC) Program, which is a new program for people who have both Medicare and Medicaid. The CCC program helps people get the different kinds of services they need – health care, behavioral health, and community services – all through one managed care organization (e.g., Anthem HealthKeepers, Humana, or Virginia Premier).

Because the CCC Program is new, Virginia Medicaid is interested in finding out how well the program is meeting the needs of the people who are enrolled. I'm contacting you because you're enrolled in the CCC Program and are receiving services through [*name of center for independent living*]. You've been in the CCC Program for at least three months and have a care manager (or coordinator), right?

We're getting together a small group of people from our center who are enrolled in the CCC Program to talk to some representatives from Virginia Medicaid about the program. They would like to know about your health care experiences leading up to the CCC Program as well as your experiences during the enrollment process. They would also like to know about how well your care manager (or coordinator) is meeting your needs. We plan to get about five to eight people together on:

Date, day

Time (two hours)

Place

We will have refreshments as a thank you for giving us your time and thoughts. Would you be able to join us?

No _____ Okay, thanks for your time.
Yes _____ Great. I'd like to send you a letter just to confirm everything. I have [check spelling of the name from above and get address]
Address _____

_____

Will you need transportation? No _____ Yes _____

Okay, just to help us plan better, do you need translation or any other services to attend the discussion?
No _____
Yes, Okay, what other services do you need? _____
_____

Great. I'll mail you a letter and we look forward to seeing you at the discussion.

Appendix D
Follow-Up/Confirmation Letter

NOTE: THIS IS A GUIDE AND CAN BE MODIFIED.

[Date]

[Name and address for participant]

Thank you for accepting our invitation to meet with representatives from Virginia Medicaid to talk about the Commonwealth Coordinated Care (CCC) Program. Because the CCC Program is new, Virginia Medicaid is interested in finding out how well the program is meeting the needs of people who are enrolled – people just like you. They would like to know about your health care experiences leading up to the CCC Program as well as your experiences during the enrollment and initial care coordination processes (working with your assigned care coordinator). The group will be held:

Date, day

Time (two hours)

Place and address

Room number (if relevant)

It will be a small group, about five to eight people. [If relevant] We've got [insert services] arranged to help you participate in the discussion. We'll also be providing refreshments during the meeting. If for some reason you won't be able to join us, please let us know as soon as possible. If you have any questions, please give me a call at [insert your phone number].

We look forward to seeing you at the meeting on [insert day, date].

Sincerely,

Your name
Title

Appendix E
PROPOSED FOCUS GROUP SCHEDULE

NOTE: WHEN POSSIBLE, FOCUS GROUPS SHOULD BE SCHEDULED FOR 10 AM – 12 PM. IF THIS TIME IS NOT FEASIBLE, FOCUS GROUPS SHOULD BE SCHEDULED FOR 2 PM – 4 PM.

Peninsula Center for Independent Living
Hampton Virginia
October 8, 2014
10 am – 12 pm

Endependence Center, Inc.
Norfolk, Virginia
October 21, 2014
10 am – 12 pm

Resources for Independent Living, Inc.
Richmond, Virginia
October 29, 2014
10 am – 12 pm

Disability Resource Center
Fredericksburg, Virginia
November 5, 2014
10 am – 12 pm

Independence Empowerment Center
Manassas, Virginia
January 7, 2015
10 am – 12 pm

Appendix F

Participant Information Form

Who are the researchers and what is the research about?

- Gerald Craver, Meredith Lee, and Sarah Broughton are a team of people with Virginia Medicaid, called an **Evaluation Team**. Our goal is to research the new Medicare-Medicaid program called Commonwealth Coordinated Care to see how well it is working.
- The Evaluation Team has asked you to join this group so Medicaid can learn about your experience with the new Commonwealth Coordinated Care (CCC) program. We call this kind of group a **Focus Group**.
- Groups like this one help Virginia Medicaid understand your thoughts and feedback about the CCC program. The Evaluation Team will share the focus group's opinions with CCC Program leaders, elected officials, and advocates to make decisions about the CCC program's future.

What type of information are we looking for?

- The Evaluation Team wants to learn how you heard about the CCC program and your early experience with this program.
- The Evaluation Team will take notes and will record the focus group conversation so your information will be written down correctly.
- The recording will be just a voice recording and will not be published or shared publically, it is for the Evaluation Team only as a reminder of the conversation.

Who can join this focus group?

To join this focus group, you must be:

- currently receiving services from one of the CILs assisting with this project;
- enrolled in the CCC Program for at least ***three*** months or the authorized representative of someone enrolled in CCC for at least three months,
- have experience working with at least one CCC care coordinator, and
- be capable of communicating (or verbalizing) their experiences in a group setting either individually or with assistance.

When and Where is the focus group?

<Insert Date, Time, and Place of corresponding FG>

What if I need help getting to the focus group?

- If you need help with transportation to join this group, please talk with the staff at your Center for Independent Living to arrange. The transportation to and from the focus group will be paid for you so you will not have to pay money to come.

How could I benefit?

- Your opinion matters to Virginia Medicaid! Many people feel good knowing that sharing their opinions may help make the program better for themselves and others in the future.

What happens to the information I share?

- The audio recording and written notes from the group discussion will be combined into one paper called a transcript. Personal information (names, places, etc) will be taken out of the transcript. This information will be analyzed for research and shared with CCC program Leaders.
- Your name will not be written in any reports. We want you to know your opinions will not be connected with your name, so you feel comfortable sharing your thoughts.

Are there any risks?

- We do not predict any risks or harm to you if you participate in the Focus Group. It could happen that you find a question upsetting or you may feel distressed about another group member's comments or behavior. We ask that you tell your concerns to the Evaluation Team (Gerald, Meredith, or Sarah) during the Focus Group if you become upset or worried.

Do I have to come to this focus group?

- No, you are invited to come and share your experiences, but you do not have to come to the focus group. The choice is up to you. Please let the Center for Independent Living know if you would like to come to the focus group or whether you would rather not come.

Who do I talk to if I have any questions?

- For questions about the time and location of the group or to arrange transportation, please speak with your worker at the Center for Independent Living.
- Questions about this research project can be sent to Gerald Craver gerald.craver@dmas.virginia.gov

Appendix G

CONSENT TO PARTICIPATE IN AN EVALUATION STUDY

(THIS CONSENT FORM WILL BE HELD FOR A PERIOD OF SIX YEARS)

Title of project: Evaluation of the Commonwealth Coordinated Care (CCC) Program

Lead Evaluator: Gerald A. Craver, Ph.D.

I have been given and have understood an explanation of this evaluation project. I have had an opportunity to ask questions about the project, and have had them answered. I understand that my participation is voluntary, that I can end the interview or observation at any time, and that there is no penalty for not participating. I also understand that I am not required to answer any particular question that the evaluator asks, and that I can review, correct, and/or supplement any or all of the information I provide or is collected by the evaluator at any time by contacting Gerald A. Craver at 804-786-1754 or gerald.craver@dmas.virginia.gov. In addition, I understand that information collected during the interview or observation may be used in publications and/or presentations that are available to the public; however, I will not be personally identified in any of these documents.

If you agree to participate, please place a check mark (✓) by each of the following statements

[ ] I agree to take part in this evaluation project.
[ ] [*If applicable*] I agree for the interview to be audio taped and transcribed.
[ ] [*If applicable*] I agree to be photographed and for my picture to be used in documentation illustrating the delivery of program services.
[ ] I agree that the Department of Medical Assistance Services (DMAS) may keep information collected from me for use in future research activities and/or publications that support the Virginia Medicaid Program and are not strictly within the scope of the current project.

Participant Block	
Signature:	_____
Name (please print clearly):	_____
Date:	_____
Evaluator Block	
Signature:	_____
Name (please print clearly):	_____
Date:	_____

Appendix H
Demographic Form

In order for us to learn about the range of people taking part in this project, please answer the following questions. All information provided is ***anonymous and you will not be identified***. ***Please either write your answer in the space provided, or circle the answer, that best applies to you.***

1	**Are you representing an individual who is enrolled in the CCC Program?**	Yes No Not Applicable	
2	**Are you currently enrolled in the CCC Program?**	Yes No Don't Know	
1	**What is your age?**	(years)	
2	**What is your gender?**	Male Female	
3	**What is your employment status?**	Full-time employed Part-time employed Homemaker Unemployed Other: _____	
	How would you describe your racial background?	White Black/African American American Indian/Alaska Native Asian Indian Chinese Filipino Japanese	Korean Vietnamese Native Hawaiian Guamanian/Chamorro Samoan Other Race:_____ _____

5	**What is the highest level of school you have completed or the highest degree you have received?**	Less than high school Some high school High school graduate or GED Vocational school Some college but no degree College graduate Some graduate school/advanced degree
6	**How would you describe your relationship status?**	Single Married Partnered Married/Civil Partnership Separated Divorced/Civil Partnership Dissolved Widowed Other: _____
7	**What is your first (or primary) language?**	English Other:_____
8	**Are you enrolled in Virginia Medicaid's Elderly or Disabled with Consumer Direction Waiver?**	Yes No Don't Know
9	**Have you completed a Health Risk Assessment from your CCC Care Manager?**	Yes No Don't Know
10	**Have you (or your designee) participated in an Interdisciplinary Care Team Meeting with your CCC Care Manager?**	Yes No Don't Know
11	**Have you (or your designee) developed a Care Plan with your CCC Care Manager?**	Yes No Don't Know

Thank you!

Appendix I
Focus Group Discussion Guide

Introduction

Good morning/afternoon and welcome. Thank you for agreeing to participate in today's focus group. We are very interested in hearing about your experiences thus far with the Commonwealth Coordinated Care (CCC) Program, which is designed to blend Medicare and Medicaid benefits together with care coordination. The overall goal of the CCC Program is to provide enrollees with high-quality, person-centered services that meet their medical, behavioral health, and long term services and supports needs.

- My name is Gerald Craver and I am responsible for evaluating the program. Assisting me is Meredith Lee/Sarah Broughton. We work for the Virginia Department of Medical Assistance Services (i.e. VA Medicaid).

- The purpose of this study is to learn about your experience enrolling in the CCC program and the interactions you've had so far with the program and/or care managers. We hope to learn things about how well the CCC Program is working and what aspects of the program that could be improved. The information we collect today will be used to inform stakeholders (e.g., management, legislatures, and other potential enrollees) about the program.

- You were asked to participate in today's discussion because you are a client of [*insert name of center for independent living*] and are enrolled in the CCC Program.

Consent Process/Confidentiality

- The information you give us is completely confidential, and we will not associate your name with anything you say in the focus group.

- We would like to audio tape the focus group so that we can make sure we capture the thoughts, opinions, and ideas we hear from the group. No names will be attached to the focus group transcript and the tapes will be destroyed as soon as they are transcribed.

- I want to remind you that your participation is completely voluntary. You may refuse to answer any question or withdraw from the study at any time. If you do not want to participate, your choice will not change the benefits you get through the Commonwealth Coordinated Care Program.

- We understand how important it is that the information shared today is kept private and confidential. We ask that participants respect each other's confidentiality.

- If you have any questions now or after you have completed the focus group, you can always contact me or Meredith/Sarah.

Explanation of the Process

Ask the group if anyone has participated in a focus group before. Explain that focus groups are becoming an increasingly popular way to collect information from people.

About focus groups

- You are the experts and we learn from you (both the positive and negative).
- We are not trying to reach consensus. We are gathering information.
- In this study, we are using focus groups so we can obtain in-depth information from a small group of people.

Logistics

- The focus group discussion will last about 60 minutes.
- Meredith/Sarah and I will be taking notes to help us remember what was said. As mentioned, we will also be recording today's discussion (unless anyone objects) because we don't want to miss any comments.
- We have name tents in front of us, but no names will be included in any publically available reports generated for this study. When you speak, please say your first name so that the person who transcribes the recording will know who is talking. For example, you could say, "This is Susan."
- Because we are recording the session, it would really help us if you could speak up so that everyone can hear you and your voice gets picked up on the recording.
- Feel free to move around.
- Tell them where the bathrooms are.
- Please turn off cell phones, if possible.
- Help yourself to the refreshments.

Ground Rules

- Be respectful- no personal attacks; if you disagree, please tell us but in a calm and respectful manner.
- There are no right or wrong answers to any of the questions I am going to ask today. We are interested in multiple points of view on the program. So, please be honest and feel free to share your views even if they seem to differ from what others have said.

- We're interested in hearing from each of you. However, if you are talking a lot, I may ask you to give others a chance to speak because we want to hear from everyone. Also, please don't have "side conversations"-don't talk individually to other participants during the session. We want to be able to hear from everyone, and we want you to hear what everyone else has to say.

- Remember, information provided during the focus group must be kept confidential.

Other

- Distribute the confidentiality agreement for participants to sign.

- Distribute demographic questionnaire for participants to complete.

- Does anyone have any questions about the focus study before we get started?

- Turn on the tape recorder.

Introductory

1. How did you learn about the Commonwealth Coordinated Care (CCC) Program?

2. Think back to when you first became aware of the CCC Program. What were your impressions? (Alternate Question: What were your expectations?)

Enrollment Process

3. What (or who) prompted you to enroll in the CCC Program?
   - Health Care Need(s)?
   - Care giver/provider?
   - Relative?
   - Friend?
   - Announcement/Town hall?
   - VICAP Counselor/Enrollment facilitator?

4. What was the enrollment process like for you? **(*Get participants to discuss*.)**
   - What was particularly helpful about the process?
     - Notification Letters?
     - VICAP Counselor/Enrollment facilitator?
     - Choice/Flexibility?
     - Assistance understanding enrollment options?
     - Ease of disenrollment?
   - What was particularly frustrating about the enrollment process?
     - Limited Information?
     - Care giver/provider?

- VICAP Counselor/Enrollment facilitator?
- Confusion/Uncertainty about program?
- No (or limited) assistance understanding enrollment options?

Care Coordination Process

5. Think back to when you first met your care coordinator (or manager). What were your first impressions?

6. Now think about the times you've interacted with your care manager (e.g., phone calls, home visits). What types of things has your care coordinator (or manager) done for you? How import were these things to you? **(*Get participants to discuss*.)**
   - Advocacy?
   - Health risk assessment?
   - Interdisciplinary care team meeting(s)?
   - Plan of care?

7. How well is your care manager meeting your needs? **(*Get participants to discuss*.)**
   - Care reflecting your unique strengths, challenges, goals, and preferences?
   - Care manager has skills and qualifications to meet your needs?
   - Care manager listens attentively and is responsive to needs?
   - Allows you to have input into your care?
   - Involves others who are knowledgeable about your needs and preferences?

8. Is the process for obtaining health care services different since enrolling in the CCC program? If so, how is the process different? **(*Get participants to discuss*.)**
   - Assistance navigating health care delivery system?
   - Coordination of needed services and supports
   - Access to full range of scheduled/urgent medical care, behavioral health services, and LTSS?
   - Timely and appropriate referrals and transitions with and across providers/services /settings
   - Supports/resources to assist in accessing care and self-management
   - Choice of medical, behavioral, and LTSS services and providers
   - Ability to self-direct your care
   - Participate in decisions relevant to your care
   - Improved quality of life and satisfaction due to increased access and coordination of needed services?
   - Waiting times for routine and urgent primary and specialty care are reasonable?

Closing

9. Assume you could give advice to the director of the CCC Program, what advice would you give?

10. Can you tell me why you decided to participate in the focus group? What has it felt like to participate in the focus group? Is it what you expected? Is it what you expected (if not, what did you expect)? (Note: Only ask if enough time is available.)

11. Is there anything we should have asked about the CCC Program? (Is there anything you wanting to say that you didn't get a chance to say?)

Commonwealth Coordinated Care
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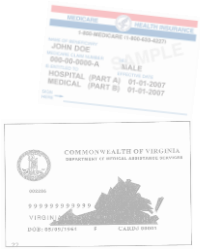
Appendix J
Focus Group Stimulus Material

10 Key Points about **Commonwealth Coordinated Care**

1 Commonwealth Coordinated Care (CCC) is an enhancement: Medicare & Medicaid were never built to work together, creating gaps and overlaps in your care; therefore, Virginia is offering CCC to blend Medicare and Medicaid. With CCC **you keep your Medicare & Medicaid** benefits with the added benefit of **Care Coordination**.

2 When it comes to your healthcare, **choice** is important. That is why with CCC you are not locked in when you choose a CCC health plan. You can even choose to "opt-out" of CCC completely. There is no "open enrollment." You can opt-in or change your CCC plan at any time.

3 To qualify for CCC you must be 21 & older and receiving Medicare Parts A, B, & D and receiving FULL Medicaid benefits. In addition to individuals living in the community, CCC is also available to individuals receiving the Elderly & Disabled with Consumer Direction (EDCD) Waiver and those living in nursing facilities. You must live in a CCC region to participate. For a list of CCC localities visit the DMAS website at http://www.dmas.virginia.gov/Content_atchs/altc/altc-anst6.pdf



4 Some individuals are exempt from CCC, including: Individuals receiving any other Home and Community Based Waiver, those receiving hospice, or those with other comprehensive insurance.

5 **Care Coordination** is the primary benefit of CCC. If you enroll in CCC, a care manager from your plan will get to know you and work with you to achieve your health goals. The Care Manager will coordinate your appointments and services. There is no cost for this benefit and Care Coordination is currently not available under traditional Medicare and Medicaid benefits.

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6 What about your doctors? When choosing a CCC health plan, check to see which plan has your doctor and other healthcare providers in their network. If your doctor or other healthcare providers do not participate with your plan, **you may continue receiving care from your providers for up to 6 months to allow you to transition to in-network providers**. Your providers will also have the opportunity to join the health plan's network.

7 Cost: There are **no premiums or co-pays for doctor or specialist visits**. You may have **some co-pays for prescription drugs**. If your plan offers extra benefits, like foot care or dental care, you do not pay premiums or co-pays for extra benefits.

8 To **choose a plan**, look to see which plans are offered in your area, which plans have your doctors and hospital and other healthcare providers in their network, and review the extra or supplemental benefits offered (such as foot care, dental care, hearing care-extra benefits vary by plan).

9 To **enroll in CCC**, call MAXIMUS (the enrollment broker) at **1-855-889-5243** Trained MAXIMUS representatives can look up your doctors or other healthcare providers and review each plan available in your area. The MAXIMUS representative can sign you up over the phone-so **there is no paperwork to fill out!** If you decide to change plans or decide CCC is not for you, call MAXIMUS to change plans or leave the CCC program (called opting out) at any time.

10 You can voluntarily choose your health plan and your coverage will typically begin the 1st of the following month (example: enroll March 20 & your coverage starts April 1). **If you do not proactively choose a plan or opt out of CCC (by calling MAXIMUS), a plan will be chosen for you and you will be notified by a letter.**

Remember **# 2**! You have the opportunity to change plans or opt-out of CCC at any time.

For more information, visit the CCC website at http://www.dmas.virginia.gov/Content_pgs/altc-enrl.aspx

Appendix K
Focus Group Note-Taking Form

Focus Group Number:	**Site:**
Date:	**Focus Group Category:**
Start Time:	**Moderator:**
End Time:	**Note-Taker:**

Seating Chart:
Make a seating chart indicating the first name of the participant. Use this chart to identify speakers as you take notes.

Notes:
Use this space to capture the general flow of the discussion including key quotes and nonverbal exchanges (e.g., participant body language, mood, gesturers)

Appendix L
Focus Group Debriefing Form

Focus Group Number:	**Site:**
Date:	**Focus Group Category:**
Moderator:	**Note-Taker:**

1. **What are the main themes (or patterns) that emerged during the focus group (FG) discussion?**

2. **Did any information contradict what was learned during previous discussions?**

3. **What did participants say that was unclear or confusing?**

4. **What was observed that may not be evident from reading a transcript of the FG discussion (e.g., group dynamics or individual behaviors)?**

5. **What problems were encountered (e.g., logistical, behaviors of individuals, questions that were confusing or difficult to answer, etc.)?**

6. **What issues (if any) that were identified during FG will the evaluation team follow up on?**

7. **Do you have any suggestions for improving the next focus group?**