Research Design for the Money Follows the Person Evaluation

Carol Irvin
Randall Brown
Sam Simon



Today's Presentation

- Overview of planned analyses
- Implementation analysis
- Impact analysis
- Outcomes analysis
- Challenges
- Next steps

Overview of Planned Analyses

- Implementation analysis
 - Program description
 - Key program performance indicators
 - System changes
- Impact analysis
 - Institutionalized beneficiaries
 - MFP participants
 - States
- Outcomes analysis
 - MFP participant quality of life

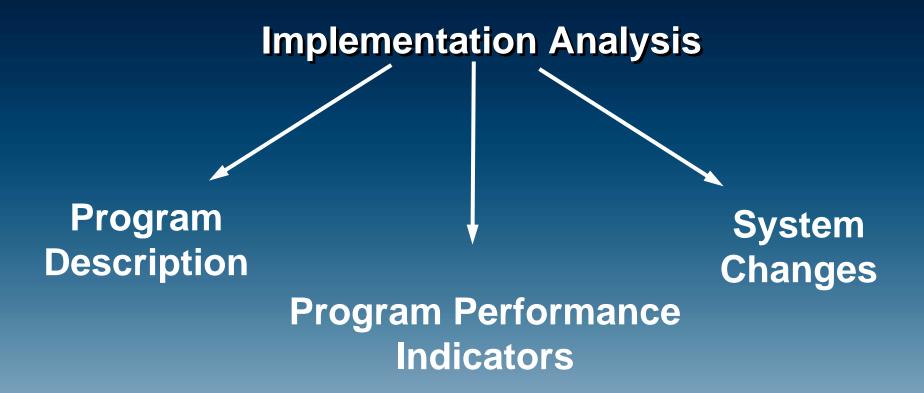
Limitations of the Research Design

- Random assignment not an option
 - Don't know what would have happened to participants in MFP's absence
 - Experience of non-participants may not be a valid indicator
 - As a result, estimates of MFP's impacts will be subject to doubt
- Some data are not uniform across states
- No site visits or interviews with states

Data Sources

- Semi-annual web-based progress reports
- Medicaid claims (MAX and MSIS)
- Medicare claims
- Quality of life data
- Other
 - Nursing home minimum data set, state financial reports, and OSCAR

MFP Implementation Analysis



Implementation Analysis: Program Description Questions

- 1. What populations are targeted by grantees?
- 2. To whom is MFP offered? How identified?
- 3. What are the key features of MFP programs?
- 4. What is the level of consumer involvement in program design and service delivery?
- 5. How are the health and safety of participants assured while consumer choice is promoted?
- 6. How are enhanced FMAP funds used to rebalance LTC systems?

Implementation Analysis: Program Performance Indicators

- 1. Number of participants transitioned
 - Does the rate of transitions increase under MFP?
- 2. Number of participants re-institutionalized
 - Does the re-institutionalization rate decrease?
- 3. Volume of HCB services provided
 - Does the use of HCB services increase?

Implementation Analysis: Program Performance Indicators (cont)

- 4. Ratio of HCBS to institutional LTC expenditures
 - How do year-to-year trends in HCBS and institutional spending change?
- 5. Cost to transition MFP participants

Implementation Analysis: System Changes Questions

- 1. What LTC system and policy changes are made to *transition* participants?
 - Are these changes sustainable?
- 2. What policy and system changes are implemented to *maintain* participants in the community?
 - Are these changes sustainable?
- 3. How does interagency collaboration change as a result of MFP?

IMPACT ANALYSES



Impacts versus Outcomes

- "Impacts" are estimates of difference between actual experiences under MFP vs. what would have occurred without MFP for:
 - Medicaid beneficiaries receiving institutional care
 - Participants in MFP
 - State Medicaid programs
- "Outcome analysis" describes experiences of MFP participants

Impacts on Beneficiaries: Key Research Questions

- On institutional residents (by state and target group):
 - Probability of transition to the community
- On participants (by state and target group):
 - Probability of re-institutionalization
 - Service utilization
 - Medicare and Medicaid costs
 - Quality of care
- For what types of beneficiaries does MFP work best?
- What program types/features work best?

Impacts on Institutional Residents: Comparison Methodology

- For institutionalized beneficiaries' probability of transition:
 - Estimate pre-MFP to post-MFP changes in probability of transition for institutional residents

Impacts on Institutional Residents: Transition Outcome Measures

- Whether transitioned to community
- Characteristics associated with transition
- Status 1 and 2 years after transitioning
 - Home w/HCBS, home w/o HCBS, nursing home, moved away, deceased
- Whether re-admitted to institution
- Length of time until readmission
- Characteristics associated with readmission
- Reasons for readmission

Impacts on Participants: Comparison Methodology

- For MFP participants' service use, costs, and quality:
 - Lower bound: Compare pre-transition to posttransition changes for participants to analogous changes for those transitioning before MFP
 - Upper bound: Compare pre-post transition changes for participants to changes over time for matched group in pre-MFP period who didn't transition but might have if MFP existed
 - Construct weighted average of these bounds

Impacts on Participants: Service Use Outcomes

By year since transition

- Hospital use (admissions, days)
- Nursing home admissions, days
- Personal care visits
- Other HCBS services

Impacts on Participants: Expenditures

- Total Medicare expenditures (for duals)
- Total Medicaid expenditures
- Expenditures by type of service
 - Acute (hospital, other)
 - Long term care (institution, home health, personal care, other waiver services)

Impacts on Participants: Quality of Care Outcomes

- Preventable hospitalizations (AHRQ)
- Treatment for adverse events possibly due to inadequate home care
 - Falls, pressure ulcers, wounds, muscle seizures, infections, fractures
 - Depression
 - Death

Impacts on Beneficiaries: Subgroups to be Examined

- Beneficiary pre-enrollment characteristics
 - Eligibility group
 - Length of time in institution
 - Functioning, mental health measures
 - Demographic characteristics
- Institutional characteristics
 - Nursing Home Compare quality rating
 - Structural characteristics

Association of Impacts with State Characteristics

- Supply of service workers
- Consumer involvement in design
- Generosity of regular HCBS benefits
- Degree of self-direction allowed
- Collaboration with housing authority
- Other program-reported factors?

Impacts on Beneficiaries: Estimation Methods

- Regression analysis of pre-post difference in outcomes
- Control for:
 - Age, race, gender, county
 - Time in institution
 - Physical functioning (from MDS)
 - Cognitive functioning (MDS)
 - Prior Medicaid and Medicare service use
- Estimate impacts by year since enrollment

Impacts on States: Key Outcomes

- LTC costs per LTC recipient
 - Includes institutional and HCBS (waivers, home health, and state plan services)
- Service use per Medicaid beneficiary
 - Probability of receiving institutional care
 - Probability of receiving HCBS
 - Days of service for each

Impacts on States: Comparison Methodology

- Use beneficiary-level Medicaid data for years 2004 to 2010 for all LTC recipients
- Regress outcomes on control variables and year indicators
- Test whether change in trend from pre-MFP to post-MFP is statistically significant
- Assess other possible explanations for change in trend

Outcomes Analysis

- How do MFP participants fare living in the community?
 - Access to personal care services
 - Choice and control
 - Respect and dignity
 - Community integration/inclusion
 - Satisfaction
 - Employment
- Which types of MFP participants appear to have the highest or lowest quality of life?
- Does quality of life vary by key program characteristics?

Data Sources for Quality of Life Information

- Self-reported information collected by the states
 - Collected at discharge, 12, and 24 months
 - On all MFP participants
- MPR survey
 - Telephone survey
 - Collected 18 to 24 months after transition
 - Sample of MFP participants

Sample Quality of Life Questions

Access to personal care services

- Is there any special help that you need to take a bath or shower (get out of bed, use the bathroom)?
- Do you ever go without a bath or shower when you need one?
- Is this usually because there is no one there to help you?

Choice and control

- Do you receive a cash benefit to spend on services, supplies, help, or equipment?
- What have you used your cash benefit for?
- Can you be alone if you want to?

Sample Quality of Life Questions (continued)

Respect and dignity

— Do the people paid to help you treat you respectfully in your home?

Community integration

- Can you always get to the places you need to go, like work, shopping, the doctors' office, or a friend's house?
- Do you miss things or have to change plans because of transportation?

Satisfaction

- Overall, how satisfied are you with the way you are spending your life these days?
- As a direct result of moving here, my housing situation has improved. (strongly agree... strongly disagree)

Challenges for the Evaluation: Data Issues

- Problems with administrative data
 - Getting timely MSIS data
 - Variation in definitions of HCBS across states
 - Lack of MDS data for MI, ICF-MR populations
 - Obtaining good data on service use, cost, and quality from managed care plans
- States may collect quality of life data differently
- Lack of site visit data

Challenges for the Evaluation: Methodological Issues

- Distinguishing effects of MFP from effects of concurrent changes in other key factors
 - Comparison states are not an option now
 - Many other factors affect expenditures on institutional and community LTC
- Small MFP sample sizes for some target populations in some states

What's Next?

- Comprehensive design report--Dec. '07
- Interim evaluation findings—Dec. '09, '10, '11
- Final evaluation findings--Dec. '12