



Commonwealth Coordinated Care Program Evaluation Focus Group Implementation Plan¹

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 begins 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 C 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 D contains a script that CIL staff can use to recruit (either in-person or via telephone) individuals for the FGs. Appendix E 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 F 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 G) 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 H) 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 I), 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 J contains the discussion guide developed for this project, while the stimulus materials are presented in Appendix K.

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 L and M.

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

George Mason University

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

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

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

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

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

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

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

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



Appendix B
CCC Evaluation Advisory Committee

Jack Brandt
Virginia Commonwealth University
Partnership for People with Disabilities

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

Debbie Burcham
Chesterfield Community Services Board

Maureen Hollowell
Independence Center, Inc.

Emily Osl Carr
Department of Medical Assistance Services

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

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

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

Laura Lee O. Viergever
Virginia Association of Health Plans

Jamie Liban
The Arc of Virginia

Nakia Speller
Prince William Area Agency on Aging

Debra Grant
Community Advocate

Steve Ford
Virginia Health Care Association



Appendix C
Centers for Independent Living Assisting with the Focus Groups

Disability Resource Center
409 Progress Street
Fredericksburg, Virginia 22401

Independence 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 D
Recruiting/Screening Script

NOTE: THIS IS A GUIDE AND CAN BE MODIFIED. DO NOT READ SCRIPT VERBATUM. 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 _____



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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 E
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 F
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

Endeppendence 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
TBD



Appendix G

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 publicly, 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 H
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:	_____



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Appendix I
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
3	What is your age?	(years)		
4	What is your gender?	Male	Female	
5	What is your employment status?	Full-time employed Part-time employed Homemaker Unemployed Other: _____		
6	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: _____ _____	

(Continued on the back)



Commonwealth Coordinated Care
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7	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
8	How would you describe your relationship status?	Single Married Partnered Married/Civil Partnership Separated Divorced/Civil Partnership Dissolved Widowed Other: _____
9	What is your first (or primary) language?	English Other: _____
10	Do you reside in a nursing facility?	Yes No Don't Know
11	Do you use a mobility device (e.g., cane, wheelchair, scooter)?	Yes No Don't Know
12	Are you enrolled in Virginia Medicaid's Elderly or Disabled with Consumer Direction Waiver?	Yes No Don't Know
13	Have you completed a Health Risk Assessment from your CCC Care Manager?	Yes No Don't Know
14	Have you (or your designee) participated in an Interdisciplinary Care Team Meeting with your CCC Care Manager?	Yes No Don't Know
15	Have you (or your designee) developed a Care Plan with your CCC Care Manager?	Yes No Don't Know



Appendix J

Focus Group Discussion Guide

Welcome

Good morning and welcome. Thanks for taking the time to join our discussion on the Commonwealth Coordinated Care Program. My name is Gerald Craver and I work for the Virginia Department of Medical Assistance Services (i.e., DMAS or Virginia Medicaid). Assisting me is Sarah Broughton and Matt Behrens, also from Virginia Medicaid.

Overview of the Topic

We have been asked to help our agency get some information about how people feel about the Commonwealth Coordinated Care Program. Our agency wants to use the information to understand how well the program is meeting peoples' needs and if improvements are needed to the services that are offered.

You were invited because you all are enrolled (or were enrolled) in the Commonwealth Coordinated Care Program. We want to tap into those experiences and your opinions about the program and its services.

Ground Rules

There are no right or wrong answers. We expect that you will have different points of view. Please feel free to share your view point even if it differs from what others have said.

We're going to record the session because we don't want to miss any of your comments. No names will be included in any reports that are generated. Your comments are confidential.

We have name tents here in front of us today. They help me remember names, but they can also help you. Don't feel you have to respond to me all the time. If you want to follow up on something that someone has said, you want to agree, or disagree, or give an example, feel free to do that. Feel free to have a conversation with one another about these questions. I am here to ask questions, listen and make sure everyone has a chance to share. We're interested in hearing from each of you. So if you're talking a lot, I may ask you to give others a chance. And if you aren't saying much, I may call on you. We just want to make sure all of you have a chance to share your ideas.

If you have a cell phone, please put it on quiet mode, and if you need to answer please step out and do so. Feel free to get up and get more refreshments if you like. Also, feel free to leave if you need to take a rest room break.



Opening

OK, let's begin. Let's find out more about each other by going around the table one at a time. Tell us your name, about how long you've been enrolled (or were enrolled) in the Commonwealth Coordinated Care Program, and your favorite past time activity.

[After the opening question] Thank you! We aren't going around the table anymore, so just jump into the conversation whenever you want.

CCC Enrollment

1. Please describe how you became enrolled in the Commonwealth Coordinated Care Program.
 - a. If you were automatically enrolled (i.e., you didn't volunteer), how did you learn that you were enrolled in the Commonwealth Coordinated Care Program? What did you think of that?
 - b. If you disenrolled from the Commonwealth Coordinated Care Program, what prompted you to make that decision? Please describe your experience disenrolling from the program.
 - c. **[Pass out CCC enrollment letter and MMP comparison chart]** You probably received this letter and comparison chart in the mail a few months ago. Please tell us what you thought of these documents when you received them. If you never received these documents, please take a few minutes to review them. What do you think about them?

CCC Experience

2. Benefits of the Commonwealth Coordinated Care Program include having one membership card, one toll free phone number for assistance on a 24/7 basis, and a unified appeals/grievance process for resolving service disputes with your health plan. What do you think about these benefits?
3. Has anything changed with your doctors, personal care attendants, or pharmacy since enrolling in the Commonwealth Coordinated Care Program? If so, what changed? What do you think about this change (or changes)?
4. Please tell us about any positive experiences (or successes) you may have had with your health care since enrolling in the Commonwealth Coordinated Care Program.
5. Please tell us about any difficulties you may have encountered with your health care since enrolling in the Commonwealth Coordinated Care Program. What did you do to address them?



CCC Care Coordination

6. The main benefit of the Commonwealth Coordinated Care Program is person-centered service coordination (or case management). For this reason, you were assigned a care coordinator/care manager/service coordinator (the title varies depending on your health plan) upon enrollment into the program. What do you think about this benefit?
7. Please tell us about your relationship with your care coordinator/care manager/service coordinator. How would you describe this relationship?
 - a. How well is this individual meeting your needs?
 - b. What types of things has this individual done for you?
 - c. How often do you talk to this individual? What do you talk about? How does this person contact you (e.g., phone, email, in-person visits)? What do you think about this type of contact?

Closing

8. ***[For this question, go around the table and discuss one at a time.]*** Assume you could give advice to the director of the Commonwealth Coordinated Care Program, what advice would you give?
9. With programs reaching large populations, we understand that it's helpful to have one-to-one communication, but that can be difficult when trying to reach large groups of people at the same time. What would be your preference for receiving information about the Commonwealth Coordinated Care Program (e.g., mail, phone calls, community events, others)? Please explain your answer.
10. ***[Only ask if the focus group includes individuals who disenrolled from CCC]*** If your concerns about the Commonwealth Coordinated Care Program were addressed, would you consider reenrolling into the program?
11. ***[Summarize key points from the discussion.]*** Is this an adequate summary of our discussion?
12. Is there anything we should have asked about the Commonwealth Coordinated Care Program? (Is there anything you wanted to say that you didn't get a chance to say?)

Appendix K
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.



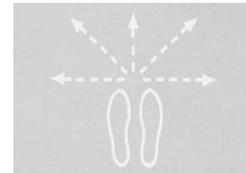
7

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



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Appendix L
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 M
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?