

Department of
**Health
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August 1, 2016

**A Survey of Beneficiaries who receive EDCD
Waiver services and
who Declined Participation in the Commonwealth
Coordinated Care (CCC) Program**

Findings from Telephone and Mail Surveys

**Alison Cuellar, PhD¹
Gilbert Gimm, PhD¹
Carole Gresenz, PhD¹**

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PREFACE

Faculty from the Department of Health Administration and Policy at George Mason University collaborated with staff from the Virginia Department of Medical Assistance Services to evaluate the Commonwealth Coordinated Care (CCC) Program for dual eligible (Medicare-Medicaid) beneficiaries. The CCC program was implemented in 2014. A new statewide Medicaid managed long term services and supports program, called CCC Plus, is proposed to launch July 2017 and enrollment into CCC Plus is required for qualifying populations.

One particular group of interest is CCC program participants who receive services through the “Elderly or Disabled with Consumer Direction” (EDCD) program. EDCD is a Virginia Medicaid home and community based waiver program which offers long-term services and supports (LTSS) to eligible individuals who require assistance with activities of daily living, so they can live in the community rather than in a facility setting. In addition to their need for LTSS, these individuals tend to have greater medical and mental health needs than other beneficiaries. As a result, this subgroup of dual-eligible beneficiaries can provide important feedback to improve the CCC program.

As part of the evaluation, a research team at George Mason University designed and fielded two surveys. The first was directed at EDCD waiver beneficiaries who declined to participate in CCC in order to understand their reasons for not enrolling. Results of this survey are reported here. The second survey was directed at EDCD waiver beneficiaries who enrolled in CCC in order to assess their satisfaction with their medical, specialty, care coordination, personal assistance and their health plan. Results of the second survey are reported separately.⁴ The surveys initially were conducted by telephone. Subsequently, non-respondents were sent a hardcopy of the survey by mail, increasing the overall survey response rate.

⁴ Results are reported in Cuellar, Gimm, Gresenz, “A Survey of EDCD Waiver Participants who were Enrolled in the Commonwealth Coordinated Care (CCC) Program for Dual-Eligibles” September 2, 2016

SUMMARY OF KEY FINDINGS

In this report we summarize the results of the telephone and mail surveys for individuals who declined to enroll in CCC. Key findings from the survey are:

- Most respondents reported making their decision about enrolling in the CCC program independently with little help from others.
- Most who declined to enroll had concerns that a change would make them worse off. They tended to like their current health care and were concerned about losing a key provider, such as a primary care provider, community-service or specialist.
- Comparing survey respondents who declined to participate in CCC with those who were enrolled in the CCC program, those who declined were less likely to be minority, tended to have higher levels of education, and reported better health.

These survey findings are consistent with prior research that shows that individuals tend to resist change and prefer the status quo. They also indicate that providing more information about health plan networks may be reassuring to beneficiaries and increase enrollment. In addition, beneficiaries may not be fully aware of the 180-day period during which they may retain all providers with any health plan they choose.

Acknowledgements

We would like to thank staff members at the Virginia Department of Medical Assistance Services (DMAS), including Gerald Craver, Tammy Driscoll, Emily Carr, Jason Rachel, and Fuwei Guo for their guidance. We also wish to thank members of the Commonwealth Coordinated Care (CCC) evaluation advisory committee who provided helpful comments on early drafts of the survey instruments.

In addition, we wish to express our appreciation for the background information and expert input from Rachael Garfield at the Kaiser Family Foundation on the Kaiser Survey of the ACA and Low Income Americans; DEB Potter, Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services on ongoing federal HCBS survey initiatives; Carrie L. Graham at the University of California Berkeley on the California Medicaid survey of Seniors and People with Disabilities; and Alexis D. Henry, University of Massachusetts Medical School on the Massachusetts One Care Member Survey.

We also would like to thank Andre L'Huillier, Tarang Parekh, and Jumoom Ahmed for valuable research assistance.

A Survey of Beneficiaries who receive EDCD Waiver services and who Declined Participation in the Commonwealth Coordinated Care (CCC) Program

Findings from Telephone and Mail Surveys

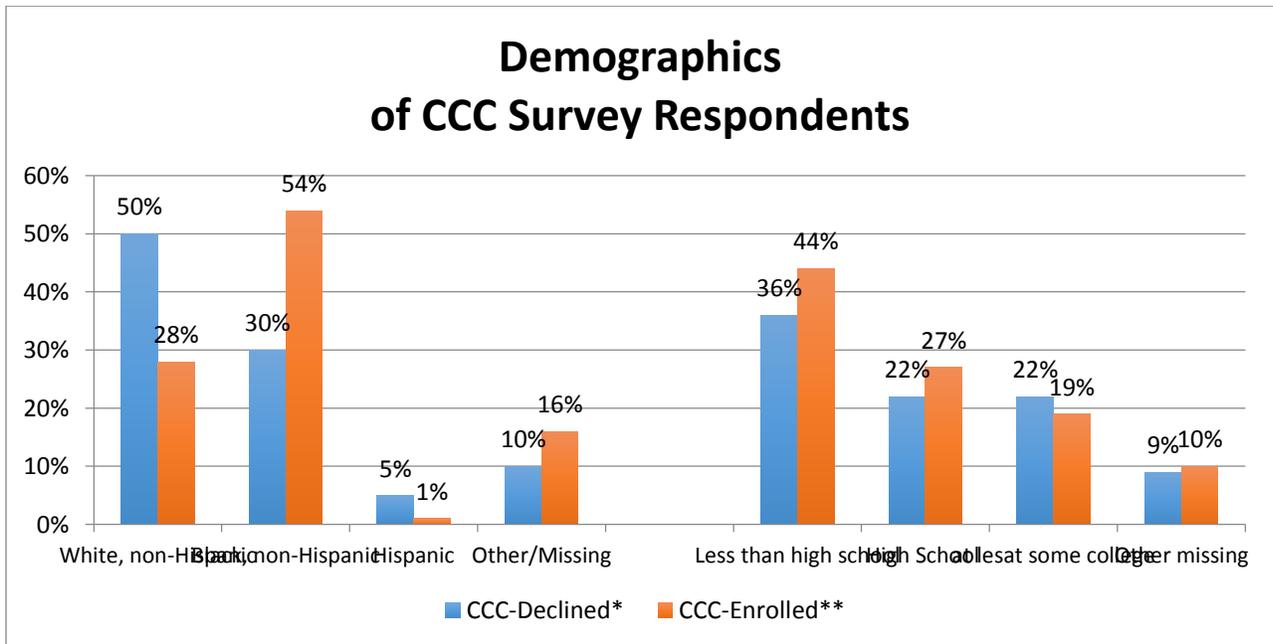
Survey Responses

We received 125 completed survey responses, 59 by mail and 66 by telephone, from individuals who according to the DMAS enrollment data had declined participation in CCC. Of these we dropped 14 individuals who self-reported being enrolled in HealthKeepers., Humana, or Virginia Premier. The telephone survey took 8 minutes on average, with a range of 4 to 15 minutes.

Demographics

Among the survey participants, **50%** were non-Hispanic white, **30%** non-Hispanic black and **5%** were Hispanic White, and **15%** were other race/ethnicity or did not respond. The educational background of participants varied greatly, **36%** had less than a high school education, **33%** had a high school degree or GED, and **22%** had at least some college, and **9%** did not respond. The demographics of survey respondents who declined to participate in CCC were somewhat different from those who were enrolled in CCC (Figure 1)⁵

Figure 1



⁵ Results are reported in Cuellar, Gimm, Gresenz, “A Survey of EDCD Waiver Participants who were Enrolled in the Commonwealth Coordinated Care (CCC) Program for Dual-Eligibles” September 2, 2016

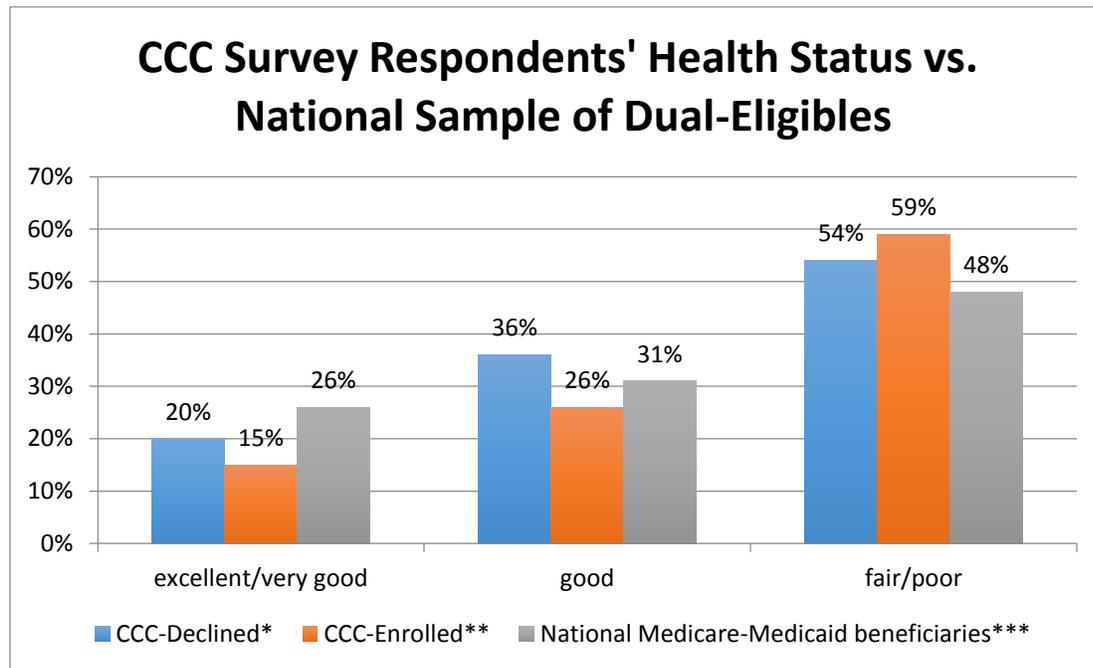
Survey Assistance

Most individuals were able to complete the survey without assistance: **35%** of beneficiaries who were surveyed sought help in completing the survey whereas **65%** completed the survey by themselves (Figure 2). When a beneficiary did not complete the survey, the proxy respondent was most often a family member.

Self-Assessment of overall health and mental health

The survey participants who declined participation in CCC were asked to evaluate their overall health along a spectrum of excellent to poor. **20%** of respondents endorsed being in excellent or very good health, **26%** in good health, **54%** in fair or poor overall health (Figure 2). They were slightly healthier than respondents in the survey of individuals who enrolled in CCC, but not as healthy as the average Medicare-Medicaid beneficiary as reported in national surveys.

Figure 2



* 2015 George Mason University Survey of EDCD Waiver Participants Who Declined to Participate in the Commonwealth Coordinated Care Program

** 2015 George Mason University Survey of EDCD Waiver Participants Enrolled in the Commonwealth Coordinated Care Program

*** 2013 National Health Interview Survey, Medicare-Medicaid respondents over age 65

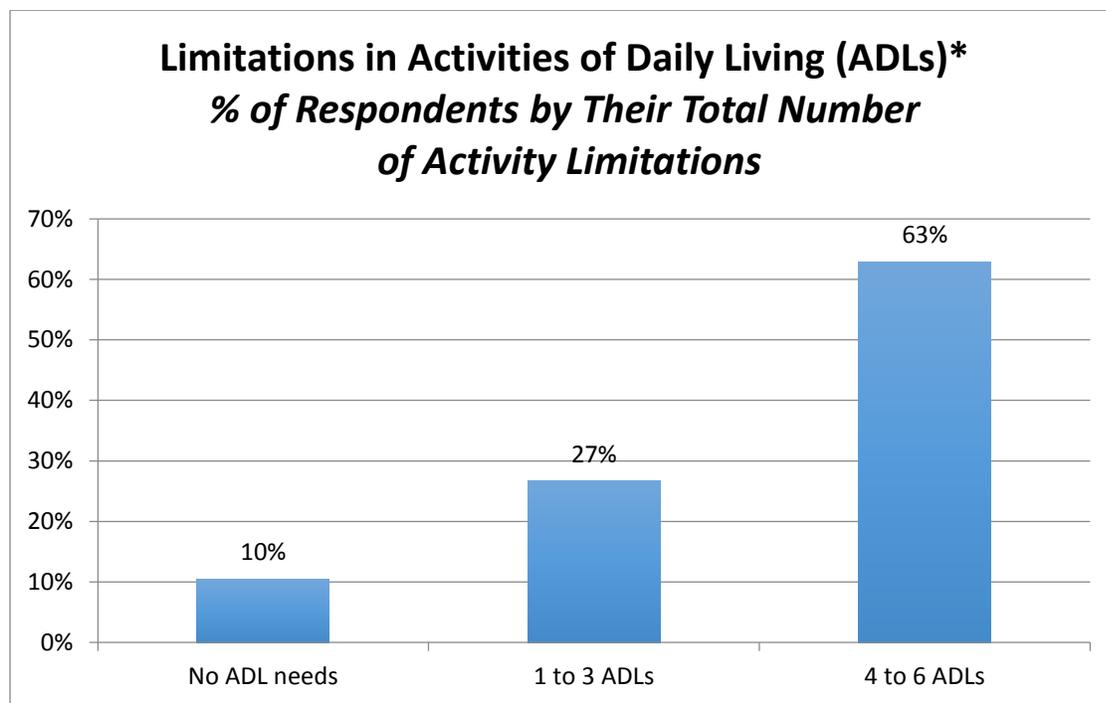
The participants were asked to evaluate their overall mental and emotional health along a spectrum of excellent to poor. **45%** of respondents endorsed being in excellent or very good mental health, **14%** reported good mental health and **40%** reported being in fair or poor mental health.

Assistance with Activities of Daily Living

Respondents were asked about difficulty in six areas: bathing or showering, dressing, eating, getting in and out of bed or chairs, walking, and using the toilet, including getting to the toilet. Among respondents who needed assistance with daily living, **63%** needed assistance with 4 or more number of activities (Figure 3).

In addition, three quarters of respondents receive their care through a home care agency or mostly through a home care agency, rather than through their own attendant.

Figure 3

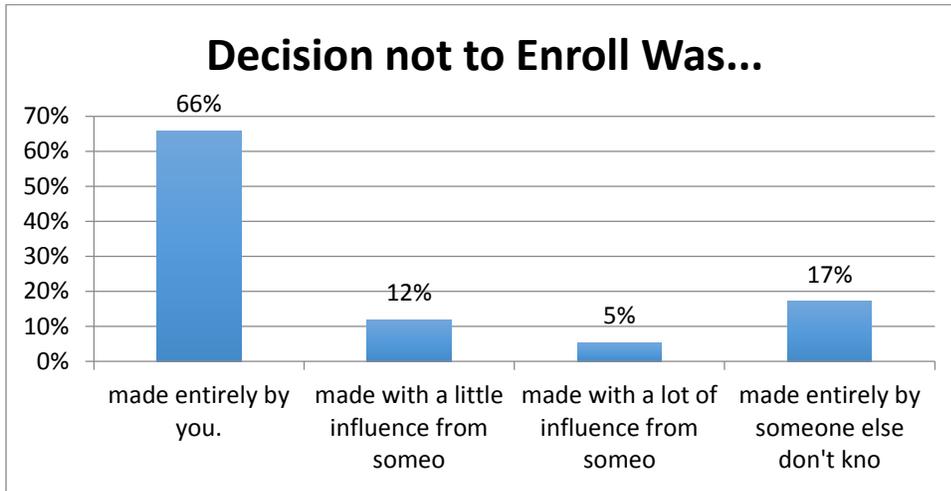


* Activities include bathing or showering, dressing, eating, getting in and out of bed or chairs, walking, and using the toilet, including getting to the toilet

Reasons for not enrolling in CCC Program

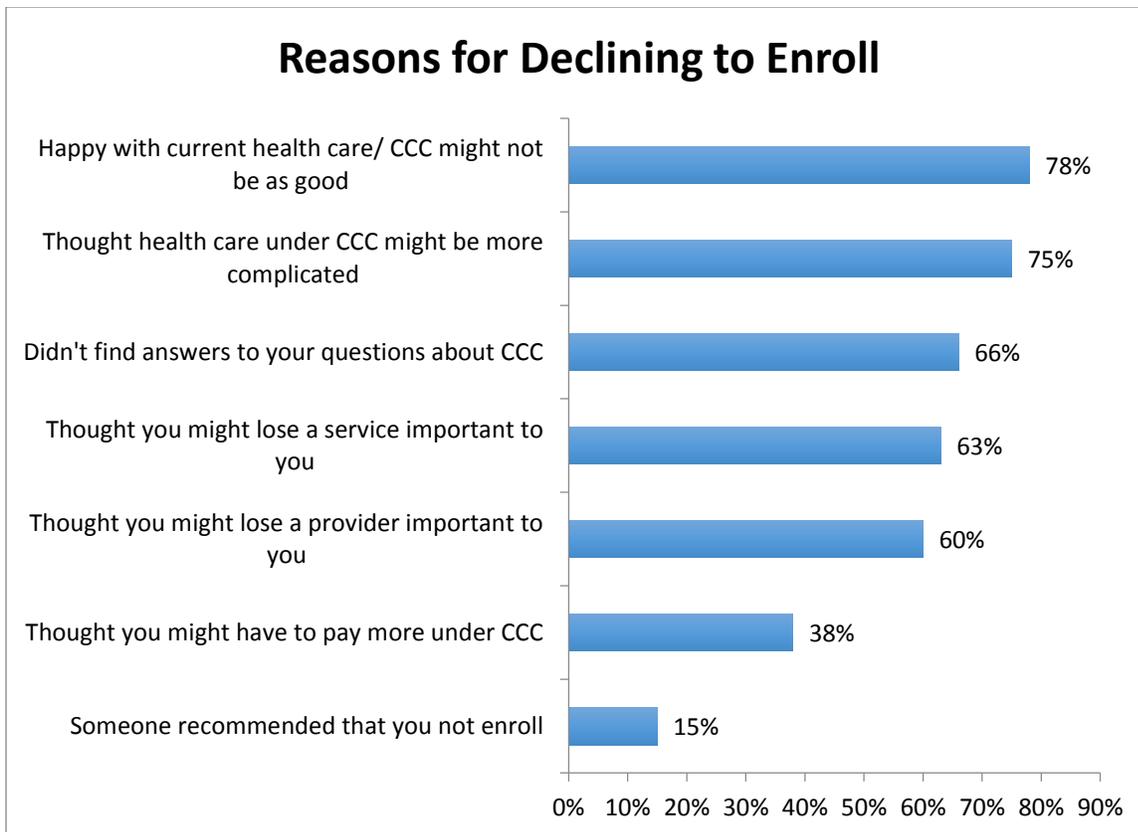
Respondents were asked to reflect on their decision not to enroll in CCC and record whether it was a decision made entirely by themselves, with a little influence from someone else, made with a lot of influence by someone else, or made entirely by someone else. Most reported making the decision independently (**Figure 4**).

Figure 4



The survey participants indicated the following main reasons for not enrolling in the Coordinated Care Program. Respondents could indicate more than one reason (Figure 5).

Figure 5



For the respondents who were concerned about losing an important provider, losing a primary care provider was the top reason, followed by a community based program, a medical specialist, and a mental health provider. For the respondents who were concerned about losing an important service, the most commonly endorsed were physicians and personal attendant services. Among the few people who said someone recommend they not enroll, that person was either a family friend or case manager.

Information about the CCC Program

Individuals were asked to recall whether they received the CCC enrollment packet by mail. Somewhat less than half recalled receiving the mailing. Those who recalled receiving the mailing were asked about the comparison chart of health plans by region. Respondents were asked if the information was very easy to understand, somewhat easy, somewhat difficult or very difficult. Half of respondents thought the information was very easy or easy to understand. Only 23 percent reporting calling call Maximus or VICAP for more information.