**CMS-10204 Supporting Statement – Part B**

**Collections of Information Employing Statistical Methods**

## 1. Respondent Universe and Sampling Methods

The two types of data being collected involve different sampling issues. First, there are no sampling issues for the collection of enrollment data, since all beneficiaries who begin home health episodes and are eligible for the demonstration will be asked the question about whether they previously participated in adult day care.

Second, there is no randomization of site selection for the case studies, since the Demonstration design selected five study sites, and the RTOP calls for case studies of each of the five sites.

At each site, beneficiary face-to-face interviews will be conducted with six Demonstration participants, and four beneficiaries who declined to participate, for a total of 50 beneficiary interviews. Selection criteria for the beneficiary sample include: 1) participating or declining to participate; 2) date of home health episode of care; 3) use of adult day care services in the two weeks prior to joining the Demonstration or declining to join; and 4) gender. Beneficiary selection criteria and methods are discussed in detail in **Appendix C**. Beneficiaries meeting the criteria will be selected from the home health census, until a total sample size of 50 beneficiaries (10 per site) is drawn for face-to-face interviews. If any of the selected beneficiaries cannot be contacted or decline to participate, replacement beneficiaries will be added to the sample until 10 beneficiary interviews are completed per site.

## 2. Procedures for the Collection of Information

The enrollment data will be collected by home health clinical staff in the course of their completion of their initial patient assessment and other intake questions, as described in **Appendix C**. The site visits and interviews will be conducted by the field team consisting of three members of our research team. The face-to-face interviews with beneficiaries will take 45 minutes, on average. Complete specifications for the interview process are contained in **Appendix C**. Interview guides for the semi-structured interviews are found in **Appendix E**.

**3. Methods to Maximize Response Rates and Deal with Issues of Non-response**

Response rates for the enrollment question about prior use of adult day care will be very high, since it is part of the clinical intake. In order to increase response and simplify the question for beneficiaries, we will not ask them to make the distinction between social and medical day services.

Issues of non-response to the case study interviews are minimized by CMS' provision of accurate contact information for respondents. In addition, the introductory letter from the CMS Privacy Board, and the initial telephone contact by Brandeis, explaining the purpose and confidentiality of the study, will be used to maximize response rates. During administration of the interviews, respondents will again be assured regarding confidentiality and privacy, and the evaluation's importance to Medicare will be reinforced.

Based on prior experience interviewing elders at home, we expect a positive response rate of 75% among the beneficiaries we invite to participate. We will continue to invite participation until the total sample of 10 beneficiaries per Demonstration site is achieved. Study drop-outs will be replaced to maintain the sample of 10 beneficiaries per Demonstration site.

**4. Tests of Procedures or Methods to be Undertaken**

The interview protocols will be pre-tested at the first Demonstration site visit with two Medicare beneficiaries. This pre-testing will assess whether any question, or the overall interview, is too sensitive or burdensome. The analysis of interview results will use qualitative case study methods rather than statistics.

The enrollment data, including the question about prior use of adult day care, will be used for comparisons of Demonstration enrollees, eligible beneficiaries who refused to participate, and those deemed by the sites to be ineligible (based on criteria established by each site). For beneficiaries in each group, we will calculate and compare their mean use of and expenditures for Medicare-covered services by category (e.g. home health services, inpatient stays, skilled nursing stays, durable medical equipment) during the pre-demonstration and demonstration time periods. Examination of improvements in health or quality of life outcomes over time is permitted by linking interviews and utilization data to OASIS quality data.

Using CMS databases, a control group of matched comparison subjects will be created to permit analysis of outcomes for Demonstration participants compared to similar non-participating home health subjects within the same state. Two samples of comparison subjects will be created, using instrumental variable and propensity score methods, to compare Medicare utilization and expenditure measures between participant and control subjects to assess the impacts of the Demonstration. The methods for matching and selection of comparison subjects are described in detail in **Appendix L, Analysis of Data**.

## 5. Statistical Contact

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