

**Passback on the “Evaluation of the Medical Adult Day Care Services
Demonstration
CMS – 10204 / 0938 - 1017**

CMS appreciates OMB’s comments on the collection satisfaction survey request that were received on July 23, 2008. Below are the contractor’s response to OMB comments and questions.

Brandeis Answers to OMB Passback Questions:

1. The background section of the supporting statement says that this evaluation is conducting an analysis of “patient outcomes,” but this term is too broad to refer to what this particular survey is actually measuring. We recommend striking this language to make the background description more accurate.

Answer: You are correct. We agree to strike it.

2. According to Appendix A, the sampling method only includes people who are currently moving through the Demonstration sites at the time that the survey is being conducted. Why was the decision made not to include past participants and past non-participants? Wouldn’t including these people make the results more reliable, since restricting the sample to the present might skew the data for variables that have changed since last year? Also, sampling a series of every participant who moves through the sites during a given stretch of time is not probability-based random sampling, which significantly restricts the practical utility of the survey. The results cannot be generalized to the entire population of all participants and non-participants; an explanation will have to be appended to the results stating that the findings are only applicable to the group that that was sampled during the particular timeframe in question.

Answer: Regarding the question about surveying past participants, we do not believe that it is valid or reliable to mix contemporaneous judgments and experiences with services (as we propose) with recollections of experiences with services from the past. In the survey we will ask for specific details and examples with providers and settings, and these may become confused with other providers and settings as months pass. Therefore we think it would yield inferior and different data to try to survey participants and non-participants from more than a month or so prior, especially with ill and elderly Medicare beneficiaries who may experience recall deficits. Furthermore, our intention is to include a full year of experience in each of the participating sites, so as to account for seasonal differences, as well as to obtain a significant period of program operations. Using survey data from the entire sample of enrollees from day one of implementation would make it difficult to differentiate between issues pertaining to demonstration start-up periods across the sites and more recent months of a mature demonstration implementation. For that reason we have chosen to focus the evaluation survey on the final demonstration year, when the sites would have had time to work out their "growing pains." If the demonstration were scheduled to run longer, we could have included more months in the

survey. Regarding the question about generalizability, it is correct that the selection for neither the demonstration sites nor the beneficiaries within them were randomized, and the results therefore cannot be generalized. We will add an explanation to the results to that effect. The design did not intend that the results of the survey would be generalized to the entire population.

3. The race/ethnicity survey questions are not in compliance with our statistical standards and must be modified. More information is available on our website at the following address: http://www.whitehouse.gov/omb/inforeg/re_app-a-update.pdf

Answer: You are correct. We have made the recommended changes on the four interview forms. The participant survey is in Attachment 1 as an example - see Questions 24 and 25. The wording is taken from the Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity (Excerpt from Federal Register, October 30, 1997):

Race (select one or more):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

4. We recommend adding a confidentiality statement to the verbal informed consent scripts.

Answer: There is already the following brief mention of confidentiality in paragraph 2 of the "Satisfaction Survey

Verbal Informed Consent": "It will take about 15 minutes and it is completely confidential." To strengthen the message, we have added the following sentence: "After you provide your answers your name or other identifying information will not be connected to the survey responses." We have added this sentence to the scripts for the participants and decliners (Attachment 2).

Attachment 1

Appendix D
Satisfaction Survey Instruments

PARTICIPANTS

Start with introduction/consent. If yes, continue.

Before I ask you about the home health and day care programs, I have some questions about you

1. Please tell me who you live with? (check all that apply)
 - No one - lives alone
 - Spouse
 - Son/daughter
 - Other relative
 - Other non-relative

2. In thinking about how well you get around inside the house, would you say you can (start reading list at top and stop when respondent chooses)
 - Walk independently
 - Walk with a cane or walker
 - Get around in a wheelchair
 - Need to stay in bed all the time

3. Do you need help with any of the following activities?
 - a. Bathing __Y __N
 - b. Dressing __Y __N
 - c. Using the toilet __Y __N
 - d. Shopping __Y __N Does not shop
 - e. Figuring out what medications to take when and remembering to take them
__Y __N

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1017**. The time required to complete this information collection is estimated to average

10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning

the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

4. If help is needed on Q 3: Is there someone who helps you with these things?
(check all that apply)

- Spouse/partner
- Son/Daughter/Son-in-law or daughter-in-law
- Other relative
- Friend
- Paid helper
- No one

5. (If "paid helper" is checked in #4): Do you pay for the helper or does a government program pay?

- Program pays
- I pay or family pays

- If self or family: How much do you pay a week?

\$_____ Don't know _____

Now let me ask you about the home health services you receive from (Metropolitan, Landmark, Aurora, Doctors Care, Neighborly)

6. Are you still receiving services or is the episode over?

- Still receiving
- Episode over

7. Please indicate if you have you received any of the following services from (Metropolitan, Landmark, Aurora, Doctors Care, Neighborly) and if so, whether you received them at home or in a day center?

| HH Service | Received Service (Y/N) | In Home (check) | In MADC (check) |
|----------------------|-------------------------------|------------------------|------------------------|
| Nursing | | | |
| Physical Therapy | | | |
| Occupational Therapy | | | |
| Speech Therapy | | | |
| Home Health Aide | | | |

8. Please tell me if (Metropolitan, Landmark, Aurora, Doctors Care, Neighborly) provided any training or education to your primary caregiver to help them care for you? ____Y ____ N

9. (If receiving home health AT HOME in #6): Please tell me whether you agree with the following statements about the home health services you receive(d) at home? Would you say yes or no?

Yes No

The nurses give good care
The therapists give good care
I get good information about conditions and treatments.
They showed up when they said they would

10. (If receiving home health IN THE DAY CENTER in #6): Please tell me whether you agree with the following statements about the home health services you receive(d) at home? Would you say yes or no?

Yes No

The nurses give good care
The therapists give good care
I get good information about conditions and treatments.
They showed up when they said they would

Now let me ask you about the adult day services you receive

11. How often do you go (did you go) to the adult day center? (____ days a week)

12. What things does s/he like most about going to the day care center?

13. What things does she like least?

14. How satisfied are you with your overall experiences in the adult day center?
Would you say.....

- Very satisfied
- Somewhat satisfied
- Dissatisfied

15. Are you paying for any of the days attend the adult day center? Y N
- a. If yes, how many days? _____
 - b. How much does it cost per day? _____

16. How do you get to the adult day center and back home? (check all that are mentioned)

- Family or friends
- Bus/van from program
- Other _____

17. How well do these transportation arrangements work for you? Would you say.....
- very well
 - OK
 - not work very well

18. Do you have any costs for transportation to the day center? Yes No
- a. If yes, how much per one-way trip? \$ _____

I have a few more questions about the demonstration in general

19. Would you like to keep going to day care? Y N

If yes: Would you be willing to pay to go?

- Yes
- Yes, I already pay
- No
- No - a public program pays

20. In your own words, can you tell me how the demonstration been good for you?

21. Again in your own words, how could this demonstration program be improved?

I just have just a few more questions about you.

22. Please tell me how old you are? _____

23. Do you receive Medicaid assistance? Y N

24. How would you describe your race? Please select one or more of the following:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

25. Is your Ethnicity...

- Hispanic or Latino
- Not Hispanic or Latino

That's the end of my questions. Thanks so much for your help. Do you have any questions for me?

PARTICIPANT PROXY

Start with introduction/consent. If yes, continue.

Before I ask you about the home health and day care programs, I have some questions about you

A. Please tell me your relationship to (name of participant): _____

B. Are you his/her primary caregiver? __ Yes __ No

First we have some questions about your (wife/husband/father/mother,etc)

1. Can you tell me whom s/he lives with? (check all that apply)

- No one - lives alone
- Spouse
- Son/daughter
- Other relative
- Other non-relative

2. In thinking about how s/he gets around inside the house, would you say s/he can (start reading list at top and stop when respondent chooses)

- Walks independently
- Walks with a cane or walker
- Gets around in a wheelchair
- Needs to stay in bed all the time

3. Does s/he need help with any of the following activities?

- a. Bathing __Yes __No
- b. Dressing __Yes __No
- c. Using the toilet __Yes __No
- d. Shopping __Yes __No ___ Does not shop
- e. Figuring out what medications to take when and remembering to take them __Yes __no

No one According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1017**. The time required to complete this information collection is estimated to average

10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

4. If help is needed on Q 3: Is there someone who helps him/her with these things?
(check all that apply)

- Spouse/partner
- Son/Daughter/Son-in-law or daughter-in-law
- Other relative
- Friend
- Paid helper

5. (If "paid helper" is checked in #4): Do you pay for the helper or does a government program pay?

- Program pays
- I pay or family pays

- If self or family: How much do you pay a week?

\$_____ Don't know _____

Now let me ask you about the home health services s/he receives from (Metropolitan, Landmark, Aurora, Doctors Care, Neighborly)

6. Is s/he still receiving services or is the episode over?

- Still receiving
- Episode over

7. Please indicate if you have s/he received any of the following services from (Metropolitan, Landmark, Aurora, Doctors Care, Neighborly) and if so, whether s/he received them at home or in a day center?

| HH Service | Received Service (Y/N) | In Home (check) | In MADC (check) |
|----------------------|-------------------------------|------------------------|------------------------|
| Nursing | | | |
| Physical Therapy | | | |
| Occupational Therapy | | | |
| Speech Therapy | | | |
| Home Health Aide | | | |

8. Please tell me if (Metropolitan, Landmark, Aurora, Doctors Care, Neighborly) provided any training or education to you (as primary caregiver to help them care for him/her)? Y N

9. (If receiving home health AT HOME in #6): Please tell me whether you agree with the following statements about the home health services s/he receive(d) at home? Would you say yes or no?

Yes No

The nurses give good care
The therapists give good care
I get good information about
conditions and treatments.
They showed up when they said
they would

10. (If receiving home health IN THE DAY CENTER in #6): Please tell me whether you agree with the following statements about the home health services s/he receive(d) at the day center? Would you say yes or no?

| | Yes | No |
|--|-----|----|
| The nurses give good care | | |
| The therapists give good care | | |
| I get good information about conditions and treatments. | | |
| They showed up when they said they would | | |

Now let me ask you about the adult day services you receive

11. How often does s/he go (did s/he go) to the adult day center? (___ days a week)

12. What things does s/he like most about going to the day care center?

13. What things does she like least?

14. How satisfied is s/he with her/his overall experiences in the adult day center?
Would you say.....

___ Very satisfied
___ Somewhat satisfied
___ Dissatisfied

15. Are you paying for any of the days attend the adult day center? __Y __N

If yes, how many days? _____
How much does it cost per day? _____

16. How do you get to the adult day center and back home? (check all that are mentioned)

- Family or friends
- Bus/van from program
- Other _____

17. How well do these transportation arrangements work for him/her? Would you say.....

- very well
- OK
- not work very well

18. Do you have any costs for transportation to the day center? __Yes __No

If yes, how much per one-way trip? \$ _____

I have a few more questions about the demonstration in general

19. Would you like to keep going to day care? ___ Y ___ N

If yes: Would you be willing to pay to go?

- Yes
- Yes, I already pay
- No
- No - a public program pays

20. In your own words, can you tell me how the demonstration been good for you?

21. Again in your own words, how could this demonstration program be improved?

I just have just a few more questions about him/her.

22. Please tell me how old s/he is? _____

23. Does s/he receive Medicaid assistance? ___Y ___ N

24. How would you describe your race? Please select one or more of the following:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander

White

25. Is your Ethnicity...

Hispanic or Latino

Not Hispanic or Latino

That's the end of my questions. Thanks so much for your help. Do you have any questions for me?

DECLINER SURVEY

Start with introduction/consent. If yes, continue.

Before I ask you about the home health and day care programs, I have some questions about you

1. Please tell me who you live with? (check all that apply)

- No one - lives alone
- Spouse
- Son/daughter
- Other relative
- Other non-relative

2. In thinking about how well you get around inside the house, would you say you can (start reading list at top and stop when respondent chooses)

- Walk independently
- Walk with a cane or walker
- Get around in a wheelchair
- Need to stay in bed all the time

3. Do you need help with any of the following activities?

- Bathing Y N
- Dressing Y N
- Using toilet Y N
- Shopping Y N Does not go shopping
- Figuring out what medications to take when and remembering to take them Y N

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4. If help is needed on Q 3: Is there someone who helps you with these things?
(check all that apply)

Spouse/partner
 Son/Daughter/Son-in-law or daughter-in-law
 Other relative
 Friend
 Paid helper
 No one

5. (If "paid helper" is checked in #4): Do you pay for the helper or does a government program pay?

Program pays
 I pay or family pays

- If self or family: How much do you pay a week?

\$ _____ Don't know _____

Now let me ask you about the home health services you receive from (Metropolitan, Landmark, Aurora, Doctors Care, Neighborly)

6. Are you still receiving services or is the episode over?

Still receiving
 Episode over

7. Please indicate if you have you received any of the following services from (Metropolitan, Landmark, Aurora, Doctors Care, Neighborly)?

Nursing
 Physical Therapy
 Occupational Therapy
 Speech Therapy
 Home Health Aide

8. Please tell me if (Metropolitan, Landmark, Aurora, Doctors Care, Neighborly) provided any training or education to your primary caregiver to help them care for you? Y N

9. Please tell me whether you agree with the following statements about the home health services s/he receive(d) at home? Would you say yes or no?

Yes No

The nurses give good care
The therapists give good care
I get good information about conditions
and treatments.
They showed up when they said they
would

10. When (Metropolitan, Landmark, Aurora, Doctors Care, Neighborly) first talked to you about home health, did they offer you the chance to get the services in an adult day care program or senior center program?

- a. Yes (skip to #11)
- b. No (ask question d)
- c. Don't remember (ask question d)

d. If No or don't remember, interviewer explains the following: "An adult day program is not a nursing home. It's a program where you go in the morning to a center with other elders for social activities, games, meals, and then come back home in the afternoon."

- i. Have you heard of this kind of program before? Yes No
- ii. Would like to go to this kind of program? Yes No

11. Why didn't you go to the adult day program? _____

I just have just a few more questions about you.

12. Please tell me how old you are? _____

13. Do you receive Medicaid assistance? Y N

14. How would you describe your race? Please select one or more of the following:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

15. Is your Ethnicity...

- Hispanic or Latino
- Not Hispanic or Latino

That's the end of my questions. Thanks so much for your help. Do you have any questions for me?

DECLINER PROXY

Start with introduction/consent. If yes, continue.

Before I ask you about the home health and day care programs, I have some questions about you

A. Please tell me your relationship to (name of decliner): _____

B. Are you his/her primary caregiver? __ Yes __ No

Before I ask you about the home health and day care programs, I have some questions about (name of decliner)

1. Please tell me who s/he lives with? (check all that apply)

- No one - lives alone
- Spouse
- Son/daughter
- Other relative
- Other non-relative

2. In thinking about how well s/he gets around inside the house, would you say s/he can (start reading list at top and stop when respondent chooses)

- Walk independently
- Walk with a cane or walker
- Get around in a wheelchair
- Need to stay in bed all the time

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1017**. The time required to complete this information collection is estimated to average

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3. Does s/he need help with any of the following activities?

- Bathing __Y __N
- Dressing __Y __N
- Using toilet __Y __N
- Shopping __Y __N___ Does not go shopping
- Figuring out what medications to take when and remembering to take them __Y __N

4. If help is needed on Q 3: Is there someone who helps her/him with these things?
(check all that apply)

- ___ Spouse/partner
- ___ Son/Daughter/Son-in-law or daughter-in-law
- ___ Other relative
- ___ Friend
- ___ Paid helper
- ___ No one

5. (If "paid helper" is checked in #4): Do you pay for the helper or does a government program pay?

- ___ Program pays
- ___ I pay or family pays

- If self or family: How much do you pay a week?
\$___ Don't know ___

Now let me ask you about the home health services s/he receives from (Metropolitan, Landmark, Aurora, Doctors Care, Neighborly)

6. Is s/he still receiving services or is the episode over?

- ___ Still receiving
- ___ Episode over

7. Please indicate if s/he has received any of the following services from (Metropolitan, Landmark, Aurora, Doctors Care, Neighborly)?

- Nursing
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Home Health Aide

8. Please tell me if (Metropolitan, Landmark, Aurora, Doctors Care, Neighborly) provided any training or education to you (or another primary caregiver) to help you care for him/her? Y N

9. Please tell me whether you agree with the following statements about the home health services s/he receive(d) at home? Would you say yes or no?

| | Yes | No |
|---|-----|----|
| The nurses give good care | | |
| The therapists give good care | | |
| I get good information about conditions and treatments. | | |
| They showed up when they said they would | | |

10. When (Metropolitan, Landmark, Aurora, Doctors Care, Neighborly) first talked to you about home health, do you remember if they offered the chance for him/her to get the services in an adult day care program or senior center program?

- a. Yes (skip to #11)
- b. No (ask question d)
- c. Don't remember (ask question d)

d. If No or don't remember, interviewer explains the following: "An adult day program is not a nursing home. It's a program where you go in the morning to a center with other elders for social activities, games, meals, and then come back home in the afternoon."

- i. Have you heard of this kind of program before? Yes No
- ii. Would s/he like to go to this kind of program? Yes No

11. Why didn't s/he go to the adult day program? _____

I just have just a few more questions about (your wife/husband/mother/father).

12. Please tell me how old s/he is? ____

13. Does s/he receive Medicaid assistance? ____Y ____ N

14 How would you describe your race? Please select one or more of the following:

___ American Indian or Alaska Native

___ Asian

___ Black or African American

___ Native Hawaiian or Other Pacific Islander

___ White

15. Is your Ethnicity...

___ Hispanic or Latino

___ Not Hispanic or Latino

That's the end of my questions. Thanks so much for your help. Do you have any questions for me?

Attachment 2

Satisfaction Survey Verbal Informed Consent

(Verbal) Informed Consent for Medical Adult Day Services (MADS) Demonstration

Participants

My name is _____, and I work for Brandeis University in Massachusetts. We are working for the Medicare program to conduct an evaluation of the Medical Adult Day Services Demonstration, and I am calling to speak with (beneficiary name)....

- If answerer is same gender as beneficiary: Is this Mr./Mrs. _____?
- If answerer is opposite gender: Is this his wife or daughter? her husband or son?
- (Establish if we should be interviewing the beneficiary him/herself or if the answerer will serve as a proxy.)

We understand that you are (he/she is, etc.) currently participating (or recently participated) in the Demonstration through (insert name of home health agency), and that you have received some of your home health services at (insert name of MADS if known). We are interested to learn how the Demonstration works and whether beneficiaries who are participating in the Demonstration like it. We would like to invite you to participate in a telephone survey about your satisfaction with the care you have received. It will take about 15 minutes and it is completely confidential. After you provide your answers your name or other identifying information will not be connected to the survey responses. It is also voluntary - You don't have to do this. Your Medicare and your services will not be affected if you say no.

Do you have any questions about this?

Would you like to do the survey?

- If yes, proceed to the participant or participant proxy survey.
- If no, thank them for their time and end the call.

Decliners

My name is _____, and I work for Brandeis University in Massachusetts. We are working for the Medicare program to conduct an evaluation of the Medical Adult Day Services Demonstration, and I am calling to speak with (beneficiary name)....

- If answerer is same gender as beneficiary: Is this Mr./Mrs. _____?
- If answerer is opposite gender: Is this his wife or daughter? her husband or son?
- (Establish if we should be interviewing the beneficiary him/herself or if the answerer will serve as a proxy.)

We understand that you were (he/she was, etc.) offered an opportunity to participate in the Demonstration at (insert name of home health agency) but declined to participate. We would like to invite you to participate in a telephone survey about your satisfaction with the care you have received, and also about why you declined to attend adult day services. It will take about 15 minutes and it is completely confidential. After you provide your answers your name or other identifying information will not be connected to the survey responses. It is also voluntary - You don't have to do this. Your Medicare and your services will not be affected if you say no.

Do you have any questions about this?

Would you like to do the survey?

- If yes, proceed the decliner or decliner proxy survey.
- If no, thank them for their time and end the call.