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COMPLEMENTARY AND INTEGRATIVE HEALTH SERVICES (CIHS): FINAL EVALUATION DESIGN REPORT

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INTRODUCTION

Colorado's Medicaid program is one of the few in the nation that covers Complementary and Integrative Health Services (CIHS) for individuals receiving home and community-based services (HCBS). The Spinal Cord Injury (SCI) waiver, administered by the Department of Health Care Policy and Financing (HCPF), was created in 2009 and implemented in 2012 to provide massage, acupuncture, and chiropractic services to individuals with a spinal cord injury who were enrolled in the Elderly, Blind and Disabled (EBD) waiver at the time. Individuals with more recent injuries enroll directly into the SCI waiver to receive CIHS. In addition, HCPF offers massage services in the Supported Living Services (SLS) waiver and three children's waivers: Children's Extensive Support (CES) waiver, Children's Habilitation Residential Program (CHRP) waiver, and Children with Life-Limiting Illness (CLLI) waiver.

While services are promoted by advocates to improve the wellbeing of individuals who experience mobility issues often coupled with chronic pain, they are also meant to provide financial benefits to the state. Through improved participant health, the state aims to see reductions in other health care expenditures. Mission Analytics Group, Inc. (Mission) was contracted by HCPF in 2020 to design an evaluation of CIHS that considers cost savings and impact on participants' health and wellbeing. The evaluation design builds off a previous evaluation implemented by the National Research Center, Inc. (NRC) from 2015-2020.

Mission's evaluation design process first involved a thorough review of the previous evaluation's methodology and findings to identify related strengths and weaknesses. We then gathered input from members of the SCI Advisory Committee through interviews with two provider agency administrators, two direct service providers, and six members who receive services through the waiver. We also participated in two SCI Advisory Committee meetings to receive feedback on an initial approach. In addition, Mission communicated with HCPF data analysts to develop the file structure of a participant-level database to be populated by HCPF with information on participant characteristics and health care utilization and costs from Medicaid claims data and other administrative datasets. Finally, we conducted a literature review and consulted with our contracted subject matter expert, Dr. Patricia Herman of the RAND Corporation, who has implemented multiple evaluations of CIHS in partnership with the U.S. Department of Veterans Affairs (VA), the Department of Defense and other groups.

The proposed evaluation design aims to identify cost savings generated from CIHS due to a reduction in costlier health care services and assess the relationship between CIHS and individuals' wellbeing, such as pain levels and ability to engage in self-care. The evaluation has three major components: participant survey, participant interviews, and Medicaid administrative data analysis. Table 1 presents major research topics by evaluation component. Each section in this report describes a given evaluation component in more detail.

Table 1: Research Topic by Evaluation Component

Research Topic	Survey	Interview	Claims Data
Pain	•	•	•
Mental health	•	•	
Functional independence / self-care	•	•	
Engagement in usual or enjoyable activities	•	•	
Health care utilization	•	•	•
Cost savings			•
Satisfaction with services and the waiver	•	•	

1. SEMIANNUAL SURVEY

SCI waiver participants and SLS waiver participants who receive massage services will complete a semiannual survey to demonstrate how their health and wellbeing have changed over time and their perceptions of service impact. In addition, individuals newly enrolling in the SCI waiver will take a baseline survey before they start receiving CIHS. Below we describe survey topic areas, survey administration, and analytical methods.

Topic Areas

The survey (Appendix A) has five main sections:

1. **Identifying Information:** The first section captures identifying information that will allow Mission to link surveys over time and to participants' Medicaid administrative data.
2. **Background:** A background section captures characteristics that may impact participants' health, wellbeing, and use of CIHS, including injury or diagnosis, source of income and living situation. Questions specific to the SCI waiver will be dropped or modified for the SLS waiver participants receiving massage services.
- **Quality of Life:** The EQ-5D-5L, an internationally validated survey, will be used to assess quality of life over time. This survey has five domains: pain, anxiety, self-care, usual activities, and mobility, with participants indicating severity by choosing from a range of five options ranked from less to more severe. To maintain validity, or the degree to which the survey measures what it claims to measure, questions cannot be dropped or changed. The question on mobility might not seem applicable to individuals in wheelchairs because it refers to ease of walking. Therefore, we will include the following instructions: "Please check the box that most accurately represents your opinion about your current situation with respect to mobility, regardless of whether you are in a wheelchair, replacing "walking about" with "getting around" if applicable."
3. **Perceptions of Impact of CIHS:** Individuals already receiving CIHS will answer questions on how they believe CIHS has impacted their pain and energy levels, negative feelings (e.g., anxiety and depression), health care utilization, and ability to work, volunteer and engage in activities they enjoy. These questions will allow participants to self-report impacts that may be too subtle to be detected through the EQ-5D-5L or the Medicaid data analysis described below.
4. **Satisfaction with CIHS:** The final section of the survey allows participants to report information on how they learned about the SCI waiver, the ease of joining the SCI waiver, and barriers to obtaining services and attending appointments. In addition, for each type of CIHS (massage, chiropractic services, and acupuncture), participants will rate appointment availability, quality of service, safety and comfort at service site, and whether they believe the level of services available meets their needs. This information can help HCPF and service providers improve administrative aspects of the waiver and

service delivery. Once again, questions will be modified for the message-only participants.

Survey Administration

All individuals enrolled in the SCI waiver, approximately 175, will be encouraged to complete the survey on a semiannual basis. We will likely sample participants in the SLS waiver given the size of the waiver is much higher (approximately 5,000 individuals in the SLS waiver). Once we have established the number of individuals who receive massage services in the SLS waiver, we will calculate the appropriate sample size and randomly select individuals from the pool of individuals who receive massage services.

Mission will work with HCPF to securely receive a file with the mailing address, email address, and phone number of SCI waiver participants and sampled individuals from the SLS waiver. In addition, when an individual newly enrolls in the SCI waiver, HCPF will immediately share contact information, so Mission can administer the baseline survey.

To encourage a robust survey response rate (approximately 50%-60%), we aim to administer the survey through three modalities: online, paper form, and over the phone. All individuals will be emailed a link to an online survey and mailed a paper copy with a stamped and pre-addressed return envelope. An evaluation team member's phone number will be included on both survey forms if individuals prefer to complete the survey via phone. Individuals who do not complete the survey within two weeks will receive a phone call, during which a verbal survey can be immediately administered, or another time for survey administration can be scheduled at the individual's convenience.

Given the survey contains personally identifiable information (PII), data will be protected with the highest security standards. Mission will use an online survey instrument that has Health Information Portability and Accountability Act (HIPAA) compliant features, such as encryption and secure backend storage. If necessary, Mission will sign a Business Associate Agreement (BAA) with the survey vendor. Completed paper surveys mailed via the US Postal Service will be immediately logged and stored within a locked cabinet in Mission's office. All electronic data entered from the mail or phone surveys or captured through the online survey will be stored and processed behind Mission's secure firewall. Data stored in our secure data processing environment is encrypted and can only be accessed by authorized users.

Analysis

Mission will analyze the survey data for changes over time and conduct a cross-sectional analysis, comparing outcomes by CIHS usage. The longitudinal analysis will compare baseline data, when available, to subsequent years. For individuals without baseline data, we will assess whether outcomes improve over time as individuals continue to receive CIHS. The cross-sectional analysis will assess whether differences in outcomes are associated with CIHS dosage. Dosage groups will be defined through an analysis of CIHS service units and common patterns of utilization. These analyses will take into consideration other factors that may influence health and wellbeing identified in Medicaid administrative data, such as diagnoses that trigger waiver eligibility, time since injury, and age.

2. PARTICIPANT INTERVIEW

We also propose conducting 30-45 minute in-depth phone interviews with approximately 10-15 SCI waiver participants to capture information on perceived impact of CIHS on physical and mental health, health behaviors (e.g., sleep), and facilitators and barriers to accessing services (e.g., transportation, appointment availability). The goal of these interviews is to provide HCPF with rich descriptions of use, benefits of, and barriers to CIHS. Below we describe survey topic areas, sampling strategy, and survey administration.

Topic Areas

The interview (Appendix B) includes the following sections:

1. **Use of CIHS:** This first section aims to elicit feedback on possible barriers to joining the waiver or starting CIHS services. Mission will have on hand Medicaid administrative data and/or survey data with the participants' date of injury, date of joining the waiver, and date of start of services. Where applicable, Mission will probe participants on reasons for delays between the time of injury and joining the waiver and/or joining the waiver and the start of services.
2. **Perceptions of Impact of CIHS:** The second section will allow participants to report on the efficacy of CIHS services by describing perceived impact on their wellbeing (e.g., mood, self-care, sleep, pain levels). If there is no perceived impact, participants will be prompted to report why they did not find the services useful or what additional barriers they faced in utilizing services. Participants can also indicate whether they feel the allowable usage of services is enough to treat their condition.
3. **Suggestions for Improvement:** The final section of the survey will allow participants to report on their suggestions on how to remove barriers to accessing services, improve the quality of services, and improve the administration of the waiver. To assess the efficiency of the administration of the waiver, participants will report their top three challenges with the enrollment process of the waiver.

Sample Strategy & Administration

We will interview individuals that represent the diverse experiences of SCI waiver participants, including both men and women and individuals with a range of ages; with a recent injury or a long-standing injury; with varying degrees of injury severity; and with different CIHS utilization patterns (e.g., who use services on a weekly basis, who initially used CIHS and stopped, who use services periodically).

To select the sample of interviewees, Mission will use a database that merges survey responses with the Medicaid administrative dataset, described in the next section. The last question of the survey asks whether the participant is willing to participate in an interview. Mission will first limit the interview sample universe to individuals who agree to the interview. Within this universe, Mission will manually select individuals based on their demographic characteristics, injury, and CIHS utilization. Although Mission anticipates conducting between 10-15 interviews, the actual number of interviews will depend on when we reach saturation, or the point where

enough data has been collected and/or analyzed that further collection and/or analysis is unnecessary.

Interviews will be recorded, transcribed, and analyzed with NVivo Data Analysis Software. These data will help us produce vignettes about member experience and will also be aggregated by major theme to identify commonalities and differences across members.

3. MEDICAID CLAIMS ANALYSIS

The goal of the Medicaid claims analysis is to provide an understanding of the cost effectiveness of CIHS for SCI waiver participants and massage services for SLS waiver participants. With Medicaid claims, we will assess changes in health care utilization and costs for waiver participants receiving CIHS. Using a difference-in-differences (DiD) analytical approach, we will evaluate changes over time in outcomes for those receiving CIHS and for matched comparison groups. We will work with HCPF to develop analytical datasets comprised of persons receiving CIHS and sets of comparison individuals matched to intervention individuals. Two separate analytical datasets will be built, one for evaluating CIHS for the SCI waiver and one for evaluating massage services for the SLS waiver. Once the analytical datasets are created, we will assess the appropriate models and methods to be used for evaluating outcomes for each waiver group.

Outcomes

Table 2 presents cost and health care utilization outcomes to be assessed. Given our expectation of greater medical need for the SCI waiver members in general, we will examine costs and utilization across all settings and services. While it is possible to examine the impact of massage services on the same set of outcomes for the SLS waiver, our expectation is that massage services would have a narrower impact than the broader set of CIHS offered for the SCI waiver.

Table 2: Outcomes by Waiver

Outcome	SCI Waiver	SLS Waiver
Total Medicaid Costs	•	•
Waiver Services	•	•
Skilled Home Health Services	•	
Practitioner Services	•	•
Inpatient Services	•	
Outpatient Services	•	•
Emergency Transportation Services	•	
Nursing Facility Costs	•	
Pharmacy Costs	•	•
Opioid Use	•	•

Creation of Comparison Groups

The process of creating comparison groups for each of the waiver groups entails collecting information from Long-Term Care (LTC) eligibility forms and using that information to match the intervention group to a comparison group of individuals that share the same demographic and health characteristics. The process differs for each of the waiver group by the set of individuals who are candidates for the comparison group, by services received, and by characteristics that are specific to each waiver group. For the SCI waiver, the comparison group will be drawn from EBD waiver members who have SCI waiver qualifying injuries and conditions. SCI waiver members do not need to have accessed CIHS to be in the intervention group, as we intend to use

units of CIHS received as a dosage measure for evaluating impact of these services. For the SLS waiver, the comparison group will be drawn from within the same waiver, with the intervention and comparison groups being distinguished by whether they received massage services.

Using propensity score matching, we will match comparison individuals to each intervention individual, creating comparison groups that not only show the same characteristics as the intervention groups, but also show the same distribution of these characteristics. For the SCI intervention, we will match multiple comparison individuals to each intervention individual, assuming that there are more potential comparison individuals than intervention individuals. Because the sample size for the SCI intervention group is relatively small, creating a larger comparison group can increase statistical power. There are, however, diminishing returns to increasing the comparison group size and potential tradeoffs in design effects (statistical efficiency). In creating the intervention and comparison groups for the SLS waiver, we will first determine the number of individuals who access massage services, and then select comparison group sample sizes that are appropriate for each analysis. The characteristics used for matching include demographic and health characteristics as well as health care utilization patterns.

Demographic and health characteristics that we will use to match intervention groups and candidate comparison groups will be drawn from the ULTC 100.2 Professional Medical Information Page (PMI), the Long-Term Care Eligibility Assessment (LTCEA) form, and the State SLS Support Plan. From the Client Information Section, we will collect the date of birth and gender for each participant. From the Medical Information Section of the PMI, we will collect the ICD Code, ICD Description, and Onset Date. For the SCI comparison group, the EBD waiver members will be limited to those individuals who have qualifying SCI ICD codes. The ICD codes will then be used in the matching process to ensure that each of the comparison groups share the same distribution of qualifying codes as those in the related intervention groups. From the LTCEA form, we will collect all physical impairments under each Activities of Daily Living: bathing, dressing, toileting, mobility, transfer, and eating. This information will allow us to create comparison groups with similar levels of impairment as those in the intervention groups. For the SLS waiver groups, we will identify the level of service from State SLS Support Plan form, allowing for matching by level of support.

The above information will be considered static, and we will collect this from HCPF for each of these groups in a single file for each waiver group with a single record for each individual. To focus the comparison group creation, we will request from the candidate pool of comparison individuals only those who have a sufficient number of quarters enrolled in Medicaid. The health care utilization patterns that we will use for matching will be drawn from the analytical dataset described below.

Develop Analytical Datasets

The analytical panel datasets for each the waiver groups will be constructed in a manner to allow for a DiD analysis that evaluates pre-intervention and post-intervention trends. Costs, utilization of CIHS and pharmaceuticals, and service outcomes, such as hospitalizations, will be binned in quarters using waiver qualification date as the first date of service for defining pre and post time periods. Risk and demographic information that is time

invariant will be applied to each quarter. For the SCI intervention group, the SCI enrollment date serves as the distinction between pre and post periods. For the EBD waiver comparison group, we will create a pseudo intervention date to distinguish between the pre and post periods. The pseudo intervention date for the comparison group that will be anchored by the onset of the qualifying condition between the intervention individuals and the comparison individuals matched to each intervention individual. For the SLS waiver data set, the intervention period begins with the first date when massage services were accessed. For the comparison group, we will apply to each comparison group individual the first massage service date from matched intervention individual.

Methods and Model

Using the analytical datasets, we will develop and analyze DiD models appropriate for the specific waiver groups and the outcomes being evaluated. DiD models utilize regression analysis that capture pre and post period trends for the intervention and comparison groups and measure the difference in changes in trends across the two groups. The general model for a DiD regression is:

$$Y = a + b_1T + b_2I + b_3(T*I) + b_4C$$

Where:

Y = the outcome

T = dummy variable indicating the intervention period

I = dummy variable indicating the intervention individual
(1 = intervention individual, 0 = comparison individual)

C = control variables (demographic and risk characteristics)

The outcomes will be calculated from Medicaid claims, and cover costs and utilization in for a range of services and settings, as described above in Table 2. A statistically significant coefficient for the interaction between the intervention period and intervention group (b_3) provides evidence of an impact from the intervention. We will modify the general model to capture dosage effects by including dosage terms and the level and range of CIHS received by the intervention group. The specification of dosage terms will depend on the observed level of services received by individuals, as well as theoretical expectations about the appropriate level of services.

The specification of these models is conditional on the distribution and type of outcome being measured, and the expectation of the nature of relationship between the intervention and the outcome. Upon the specification and creation of the comparison and intervention groups and the analytical datasets, we will finalize the specifications for each model.

We will also examine the data to ensure that necessary assumptions for DiD models are met. These assumptions include independence between outcome and baseline, stable composition of groups, no spillover effects, and parallel trends in outcomes. The specification of the intervention and comparison groups will help to ensure that some of these assumptions are met. If we find

that assumptions are not met for some groups or for some outcomes, we will explore approaches to account for any identified issues. However, if we conclude that some issues cannot be addressed for specific analyses, we will exclude these analyses from the evaluation.

Due to the limited number of individuals in the SCI waiver, it is possible that we may lack sufficient statistical power to identify statistically significant effects unless the effects are large for this group. To account for issues associated with low sample sizes, we will explore alternative approaches to modeling outcomes, including Bayesian methods or hierarchical linear models.

APPENDIX A: SURVEY INSTRUMENT

Thank you for taking this survey on your experience with Complementary and Integrative Health Services (CIHS), offered through the Spinal Cord Injury (SCI) waiver. The Department of Health Care Policy and Financing (HCPF), the agency that operates the state Medicaid program, would like to better understand how these services might impact your health and wellbeing and your suggestions to improve services and the functioning of the waiver.

We ask for your name and Medicaid ID, so we can link your responses over time and to your Medicaid claims data. Your data will be processed and analyzed using the highest security standards. The evaluation team will only share data in the aggregate. Quotes may be included in public reports but will not be attributed to individuals.

Identifying Information

First Name:

Last Name:

Date of Birth: MM/DD/YYYY

Medicaid ID:

Background

1. Onset of injury: MM/YYYY
2. Level of SCI:
 - C1-C4
 - C5-C7
 - T1-T5
 - T6-T12
 - L1-L5
 - S1-S5
3. Type or result of injury:
 - Quadriplegia
 - Paraplegia
 - Other: _____
4. Income source (*check all that apply*)
 - Full time employment
 - Part time employment
 - Social Security Income (SSI)
 - Social Security Disability Income (SSDI)
 - Other: _____
5. Live with (*check all that apply*):
 - Alone
 - Spouse/Partner

- Parents/Siblings/Adult Children
- Friends/Roommates
- Other:_____

6. How would you describe your support network (types could include emotional, financial, or logistical support)?

- Very strong
- Strong
- Moderate
- Minimal

7. Primary source of transportation:

- Drive
- Taxi
- Bus
- Others drive
- Other:_____

Quality of Life (EQ-5D-5L)

The below questions will help HCPF understand if CIHS affects quality of life over time. They make up an internationally validated survey called the EQ-5D-5L. You can watch a 2-minute video on the survey to learn more about how it was developed and is used today:

<https://euroqol.org/>. To maintain validity (i.e., the degree to which the survey measures what it claims to measure), questions cannot be dropped or changed. We understand that the final question on mobility might not seem applicable to individuals in wheelchairs. Please check the box that you consider is the best option for you, i.e. the option which most accurately represents your opinion about your current situation with respect to mobility.

1. Pain

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

2. Anxiety

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I have extremely anxious or depressed

3. Self-Care

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself

- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

4. Usual Activities

- I have no problems with performing my usual activities
- I have slight problems with performing my usual activities
- I have moderate problems with performing my usual activities
- I have severe problems with performing my usual activities
- I am unable to perform my usual activities

5. Mobility: *Individuals in wheelchairs can check the box that you consider is the best option for you. In other words, check the option that most accurately represents your opinion about your current situation with respect to mobility, replacing “walking about” to “getting around” if applicable.*

- I have no problems walking about
- I have slight problems walking about
- I have moderate problems walking about
- I have severe problems walking about
- I am unable to walk about

Perception of Impact of CIHS

HCPF would also like to know how you think that CIHS has affected your pain levels, ability to take care of yourself both emotionally and physically, and use of health care services.

1. How would you describe your use of CIHS?

	Massage	Acupuncture	Chiropractic Services
Active user			
Moderate user			
Previously used services, but stopped			
Plan to start using services more often			
No service use (<i>skip remaining questions except questions 1, 2, 3, 5 and 6 in the last section</i>)			

2. To what extent do you feel that CIHS impacts (impacted) your level of pain?

- Increased significantly
- Increased slightly
- No change
- Decreased slightly
- Decreased significantly

3. To what extent do you feel that CIHS impacts (impacted) your negative feelings, such as blue mood, despair, anxiety, depression, or lack of motivation?

- Increased significantly

- Increased slightly
 - No change
 - Decreased slightly
 - Decreased significantly
4. To what extent do you feel that CIHS impacts (impacted) your ability to work or volunteer?
- Worsened significantly
 - Worse slightly
 - No change
 - Improved slightly
 - Improved significantly
5. To what extent do you feel that CIHS impacts (impacted) your ability to engage in activities you enjoy?
- Worsened significantly
 - Worse slightly
 - No change
 - Improved slightly
 - Improved significantly
6. To what extent do you feel that CIHS impacts (impacted) your energy levels?
- Worsened significantly
 - Worsened slightly
 - No change
 - Improved slightly
 - Improved significantly
7. To what extent do you feel that CIHS impacts (impacted) your sleep patterns?
- Worsened significantly
 - Worsened slightly
 - No change
 - Improved slightly
 - Improved significantly

8. To what extent do you feel that CIHS impacts (impacted) the following?

	1 (increased a lot)	2	3 (no change)	4	5 (decreased a lot)
The number of visits to conventional (e.g. primary care physicians) doctors					
The number or dosage of prescription medications used					
Hospital admissions					
Visits to the emergency department (ED)					

	1 (increased a lot)	2	3 (no change)	4	5 (decreased a lot)
Time spent in institutional care (e.g., rehab facility, skilled nursing facility)					

Satisfaction with CIHS

Finally, HCPF would like to understand what barriers you might face in accessing services and suggestions for improvement.

1. How did you hear about the SCI waiver?

- Hospital
- Another medical provider
- Case management agency
- Friends / community group
- Internet / social media
- Other: _____

2. How would you describe the ease of joining the SCI waiver?

- Straightforward
- A few bumps, but overall fine
- Challenging
- Extremely challenging
- Other: _____

3. What are your top reasons for missing (or not scheduling) CIHS appointments? (*check up to three reasons*)

- I rarely miss appointments
- Transportation
- Appointment availability
- Work/volunteer schedule
- Health issues
- Service benefits are not worth the effort
- Other: _____

4. Please rate your satisfaction in the following. Check N/A if you have not used the service.

Chiropractic Services (or N/A)	N/A	1 (not satisfied)	2	3	4	5 (very satisfied)
Appointment availability						
Quality of the service						

Chiropractic Services (or N/A)	N/A	1 (not satisfied)	2	3	4	5 (very satisfied)
Safety and comfort at service site (e.g., being transferred)						
Level of services allowable under the SCI waiver						

Massage Services (or N/A)	N/A	1 (not satisfied)	2	3	4	5 (very satisfied)
Appointment availability						
Quality of the service						
Safety at service site (e.g., being transferred)						
Level of services allowable under the SCI waiver						

Acupuncture Services (or N/A)	N/A	1 (not satisfied)	2	3	4	5 (very satisfied)
Appointment availability						
Quality of the service						
Safety at service site (e.g., being transferred)						
Level of services allowable under the SCI waiver						

5. General Comments on Satisfaction and Suggestions for Improvement

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6. Would you be willing to participate in a 30-45 minutes interview to discuss your experience with CIHS? (Y/N)

APPENDIX B: INTERVIEW PROTOCOL

Thank you for agreeing to speak with me today. The Department of Health Care Policy and Financing (HCPF), the agency that operates the state Medicaid program, would like to better understand how CIHS – massage, chiropractor services, and acupuncture – might impact your health and well-being and your suggestions to improve services and the functioning of the waiver. Therefore, HCPF contracted with Mission Analytics Group, Inc. to conduct an evaluation of the program. The evaluation includes an analysis of Medicaid claims data, a semi-annual survey, and interviews with a sample of members.

We would like to audio-record the interview for note-taking purposes. The audio-recording will not be shared with anyone outside of the evaluation team. Do you agree to be audio-recorded? We will summarize data across the interviews to share in a public report. If we use a quote from your interview, we will not attribute it to you.

Do you have any questions before we get started?

[If yes to recording] I've started the recording. We'll begin the interview questions now.

Use of CIHS

1. According to my records, you were injured in [year], joined the SCI waiver in [year], and started using CIHS services in [month, year]. Does this sound right to you? *[If applicable, probe on why there were any delays between the injury and joining the SCI waiver and/or joining the waiver and starting services.]*
2. What types of CIHS services do you receive and how often?
3. Does this seem like the appropriate amount of services to treat your condition? Why or why not?

Thank you for that information. The next set of questions is about your perceptions of the impact of the CIHS service you receive.

Perceptions of Impact of CIHS

1. Has CIHS affected your well-being?
 - If so, how so? *[Probe on: pain, sleep, mood, mobility, self-care, participation in work/volunteering, participation in enjoyable activities, social interactions]*
 - If not, why not? *[Probe on: don't believe services are effective, can't access the services with enough frequency, injury is too severe, didn't get services early enough]*
2. Has CIHS impacted your use of other health care services? If so, how so? *[Probe on: prescriptions, frequency of other doctors' visits, ER visits, hospital admissions]*

The last set of questions are for us to get general feedback on the quality and administration of CIHS services. Your honest feedback will help us identify any barriers to accessing services.

Suggestions for Improvement

1. Are there any barriers to accessing CIHS? If so, what, and do you have any suggestions for reducing barriers to access?
2. Do you have any suggestions for improving the quality or effectiveness of CIHS?
3. What are your top thoughts about the SCI waiver enrollment process?

Conclusion

Thank you for your time today. Is there anything else you'd like to add that you feel is important for us to know?