	Secondary Data Collection	Primary Data Collection	Overall Comments
	(Excel sheet)	(Focus groups and surveys)	
Council Members	 LTS Coordinator Number of members who were offered an LTSS Coordinator Number of members who declined an LTSS Coordinator Number of members who were assessed by an LTSS Coordinator Number of members who asked to change their LTSS Coordinator Demographic information including: LGBT, Deaf, hard of hearing, Deafblind, age, and race and ethnicity 	 LTS Coordinator Did you have an assessment w/ an LTS Coordinator? Who informed you about the LTS Coordinator? (One Care plan, SHINE, PCP or other Care Team member, other) Was the LTS Coordinator able to help you get the LTSS you need? Were you satisfied with the work of your LTS Coordinator? Providers: Survey representative sample of healthcare providers to obtain their assessment of patient experiences Especially important to include behavioral health inpatient providers Why are members opting or dropping out of the program? Do your patients like the program? Ask providers about access to and provision of services: Timely resolution of prior authorizations Claim processing complexity Increased administrative burden 	Reporting to Implementation Council Once for first year, bi-annually following 1st year Quarterly during first year Accessible, easy to interpret format Disability community involvement Outreach efforts No clear leadership role for the disability community in defining indicators and doing direct interviewing/surveying of consumers Qualified groups include: CQI, DAAHR, DPC, & consumer consultants involved in review of Duals proposals Other group involvement Partner with groups like Boston Healthcare for the Homeless throughout Early Assessment process to access and include the homeless pop. Conduct focus groups of homeless enrollees Accommodations Focus group accommodations including, phone/internet access, transportation Cultural Competency Should be considered in development & implementation of evaluation process Staff conducting surveys/interview should be trained by members of the disability community in common barriers experienced by dual eligibles

Secondary Data Collection (Excel sheet)	Primary Data Collection (Focus groups and surveys)	Overall Comments
G	 ommunication For enrollees who are deaf or hard of hearing: If you placed a relay assisted call, was your call answered? rievances and Appeals Ask enrollees directly if they have filed an grievance or appeal dditional Indicators Indicators to assess enrollee isolation should be considered How often do you see people besides your health care aides/assistants (if relevant)? If you ever feel isolated, when do you feel most isolated (parts of day/night, week-weekends and/or holidays)? The adequacy of training to One Care plan staff related to cultural competency and HIPPA requirements should be addressed in early indicators 	 Language and Communication No indication of data collection on primary language of enrollee Overall plan for Early Experience assessment should identify how to involve minorities groups including cultural, linguistic and ethnic minorities. Suggest hiring and involving individuals fluent in languages including Spanish, ASL, Chinese Communication access for individuals who are Deaf or hard of hearing, individuals with intellectual disabilities, individuals unable to read print Methodology Mixed methods approach should include more focus group and direct contact approaches and place less emphasis on written surveys More than one focus group should be considered for opt in/opt out groups Other Information on One Care online is difficult to find and navigate. Access to health care should be assessed through the lens of service delivery. Are homeless populations using emergency departments less?

	Secondary Data Collection (Excel sheet)	Primary Data Collection (Focus groups and surveys)	Overall Comments
Non-Council Members		 Continuity of Care How important is it to you to keep your current providers? How satisfied are you with your current providers? Provider Networks Is your current provider a part of your One Care plan's network? Do you know how to find out if your provider is in a One Care plan network? How easy did you find it to determine if your provider was in a plan network? Enrollment/Disenrollment Do you know how to opt out of your plan (once enrolled)? If you opt out, is/will the plans provider network a factor if your decision? 	 Awareness: Important to assess whether enrollees understand that their choice of providers/doctors is limited to a plans network. Claims Data: Monitoring of claims data should include assessment of physical health services to individuals with psychiatric diagnosis to monitor for disparities of service provision. Units of service by unduplicated enrollee w/ psychiatric diagnosis and w/out psychiatric diagnosis All data collected should be public including identification of One Care plans, SHINE, and other entities involved in process.