



**State of Oklahoma
Oklahoma Health Care Authority**

Amendment of Solicitation

Date of Issuance: December 14, 2012

Solicitation No. 8070000458

Requisition No. _____

Amendment No. 2

Hour and date specified for receipt of offers is changed: No Yes, to: _____ CST

Pursuant to OAC 580:15-4-5(c)(5), this document shall serve as official notice of amendment to the Solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent.

Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:

- (1) Sign and return a copy of this amendment with the solicitation response being submitted; or,
- (2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date printed clearly on the front of the envelope.

ISSUED BY and RETURN TO:

U.S. Postal Delivery:

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or

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Description of Amendment:

a. This is to incorporate the following:

The answers to final questions received from Potential Bidders (See Attached).

b. All other terms and conditions remain unchanged.

Supplier Company Name (**PRINT**) _____ Date _____

Authorized Representative Name (**PRINT**) _____ Title _____ Authorized Representative Signature _____

Questions

1. The posted response to question #4 indicates a 90-day period for transition (implementation begins upon award with contractor assuming all operations beginning within 90 days) How are costs to the contractor during this 90-day transition period to be covered when contractor staff are planning with OHCA and being trained by OHCA and when contractor is devoting staff time to lean/ developing and modifying processes/purchasing systems/arranging space/acquiring equipment to accommodate these new responsibilities? Are these costs covered separately or, are they to be calculated into PMPM costs for initial short-term contract period? Or, do they need to be prorated over a longer period of PMPM rates (through the 1st year)?
Implementation costs are not a separate reimbursement under this RFP, so must be included in the PMPM rates.
2. Review of eligibility for Medically Fragile waiver appears to assume that all will come with a pre-existing participation in a waiver program and having a pre-existing TC/CM which may not be true. Although this may be the situation for most enrollees in the Medically Fragile waiver, some enrollees may come into program from initial application and assessment for services. For those enrollees that present from initial application and assessment, is process the same – that is to submit to the OHCA a recommendation regarding level of care?
Yes
3. Official records are entered and updated in Atlantes and/or MMIS. In A.2.3.3 reference to Service Plan Authorizations, mention is made of posting via manual entry or electronic file transfer. Will this option for posting either via manual entry or by file transfer be available for other data in addition to Service Plan such as Member case records and updates to that record?
No, the Contractor must manually enter Member case records and updates into Atlantes.
4. Will these toll-free numbers be supplied by OHCA or will they need to be purchased by the contractor?
The OHCA will provide the toll-free numbers and will maintain ownership of these numbers.
5. Will OHCA setup and train the use of OHCA's CTI application?
Yes
6. Does OHCA intend that the dedicated lines cannot be used for other business transactions for separate business not associated with these waivers?
Yes
7. The solicitation states OHCA will maintain the T1 lines, does this mean that OHCA will pay for the monthly lease of these dedicated lines?
No and Section A.2.7.7. is changed as shown below:
A.2.7.7 Establish T1 (any data circuit that runs at the original 1.544 Mbit/s line rate) from Contractor's location to the "D-mark" and then maintain all systems from the T1 into its LAN and PBX (private branch exchange);
8. If ultimately it is determined the contractor must use separate systems for this service, will OHCA pay for the purchase of the computers via this RFP?
No, all costs must be included in the PMPM rate.
9. If a separate server is required will OHCA pay for the equipment via this RFP?
No, all costs must be included in the PMPM rate.

10. The document in the Bidders library labeled "Waiver Administration and OHCA Development Quality Improvement Strategy" primarily lists various CMS Assurance Performance Measures (PMs). An example of one PM document is presented. Has OHCA developed the programmatic and IT infrastructure to measure, record and regularly report on each of these PMs along with processes for remediation or will this programmatic and IT infrastructure development be a responsibility of the contracting entity?

The Contractor will follow OHCA processes for remediation and tracking.

11. The document in the Bidders library labeled "Waiver Administration and OHCA Development Quality Improvement Strategy" describes a Long Term Quality Initiatives Council. Will OHCA staff continue to provide leadership and support for this Quality Council? What role does OHCA anticipate the contracting entity to play in the Quality Council?

OHCA will continue to provide leadership and support. The Contractor will be responsible for furnishing reports as directed by OHCA for the Council.

12. Thank you for the information about the number of members in each waiver as of 2011. Since membership is expected to grow over the course of the contract, could the State please specify the number of members to be used as the denominator for the PMPM calculation? Specifying a denominator for all bidders to use will facilitate comparison of PMPM between bidders, and enable all bidders to use the same assumptions.

Bidders should use a denominator of 370 for their PMPM calculations. The 370 is an estimation not a guarantee of the number of Members served.

13. Could you please identify the number of TC/CM agencies? This figure will help us appropriately price the provider certification and audit component, since we understand the TC/CM agencies will be subject to the audit on an annual basis.

There are currently 20 TC/CM agencies however, each TC/CM agency does not necessarily serve Members in all four of the Programs.

14. Amendment 1 provided very helpful information about documents to be collected for review, including the Quality of Life survey. Since the Living Choices program assists members with making the transition from institutional to community living, should we assume that the contractor will conduct the Quality of Life survey as part of the eligibility process for Living Choices?

The Contractor will provide training for TC/CM agency personnel upon request. The TC/CM agencies will then be responsible for conducting the initial Quality of Life Survey for Living Choice program participants while they are institutionalized. If a TC/CM agency does not wish to perform the initial Quality of Life Survey, then it will be the Contractor's responsibility. Year 2 and Year 3 Quality of Life Surveys will always be the Contractor's responsibility.

15. Please provide the survey or the link to the Quality of Life survey that is currently used.

See Attachment 1

16. Does OHCA have an estimated budget for this project, and if so, could you please provide it?

The OHCA is not providing the estimated budget for this project. Potential Bidders should calculate their PMPM based on the information provided in Amendments 1 and 2.

APPENDIX A

**MFP QUALITY OF LIFE SURVEY,
QUESTION-BY-QUESTION OVERVIEW**

RESPONDENT INFORMATION

Respondent Information is to be completed by the interviewer prior to or at the start of the interview.

Respondent Name: _____

Respondent Street Address: _____

Respondent City: _____

Respondent State: _____

Respondent ZIP Code: _____

Social Security Number: _____

Medicaid ID number: _____

Check here if the Program Participant is deceased and record date of death:

[] [] [] ➔ GO TO END

Hello, my name is _____ and I am from _____. I'm here to ask for your help with an important study of Medicaid beneficiaries in the state of _____. The Quality of Life Survey, sponsored by the Centers for Medicare & Medicaid Services (CMS) and the state of _____, is an essential part of an evaluation of the Money Follows the Person Program, a program designed to help Medicaid beneficiaries transition out of institutional care into the community. I'd like to ask you some questions about your housing, access to care, community involvement, and your health and well-being. Results from the study will help CMS and the state of _____ evaluate how well its programs are meeting the needs of Medicaid beneficiaries like you.

Before we begin, let me assure you that all information collected will be kept strictly confidential and will not be reported in any way that identifies you personally. Your answers will be combined with the answers of others and reported in such a way that no single individual could ever be identified. Further, the information collected will not be used by anyone to determine your continuing eligibility for Medicaid benefits. We are collecting this information for research purposes only. However, I may be required to report any instances of abuse or neglect that you tell me about to authorities. Your participation is completely voluntary and if we come to any question you prefer not to answer, just tell me and we'll move on to the next one.

If you have any questions, please stop me and ask me. Also, please let me know if you do not understand a question or if you would like me to repeat it.

MODULE 1: LIVING SITUATION

1. I'm going to ask you a few questions about the place you live. About how long have you lived (here/in your home)?

PROBE: Your best estimate is fine.

INTERVIEWER: IF RESPONDENT INDICATES LESS THAN 1 MONTH, ENTER 1 MONTH.

[] [] ➔ GO TO QUESTION 2
 Years Months

DON'T KNOW..... D
 REFUSED R

Approximate dates are better than no information. You can use seasons or life events (e.g. birthdays, elections, etc.) to help the respondent narrow down an answer. For example, "Do you remember who was president when you moved in" or "Did you move in the summer or winter?"

If respondent has returned to live a place where they lived previously, record only the length of time of their current stay. Do not count hospital stays as such gaps.

- 1a. Would you say you have lived here more than five years?

YES..... 01
 NO..... 02
 DON'T KNOW..... D
 REFUSED R

2. **INTERVIEWER: DOES PROGRAM PARTICIPANT LIVE IN A GROUP HOME OR NURSING FACILITY?**

- YES..... 01
- NO..... 02
- DON'T KNOW..... D
- REFUSED R

This question is not read to the respondent but is based on interviewer observation. This information is important in determining whether certain following questions should be asked.

3. **Do you like where you live?**

- YES..... 01
- NO..... 02
- SOMETIMES..... 03
- DON'T KNOW..... D
- REFUSED R

This question refers to where the respondent currently lives and applies to the respondent's institution, home or the surrounding neighborhood.

4. **Did you help pick (this/that) place to live?**

- YES..... 01
- NO..... 02
- DON'T KNOW..... D
- REFUSED R

Code any input the respondent had as "yes".

5. **Do you feel safe living (here/there)?**

- YES..... 01 ➔ GO TO QUESTION 6
- NO..... 02
- DON'T KNOW..... D ➔ GO TO QUESTION 6
- REFUSED R ➔ GO TO QUESTION 6

If respondent replies "Sometimes," code 5 as "Yes" and 5a as "Sometimes".

5a. **How often do you feel unsafe living (here/there)?**

- SOMETIMES..... 01
- MOST OF THE TIME..... 02
- DON'T KNOW..... D
- REFUSED R

6. Can you get the sleep you need without noises or other disturbances where you live?

- YES..... 01
- NO..... 02
- SOMETIMES..... 03
- DON'T KNOW..... D
- REFUSED..... R

Noises can be from any source inside or outside the home.

MODULE 2: CHOICE AND CONTROL

In this series of questions, we want to know if the respondent is permitted to do these things when he or she wants to. These items are not intended to assess physical ability to engage in these activities or ability to pay for things.

7. Can you go to bed when you want?

- YES..... 01
- NO..... 02
- SOMETIMES..... 03
- DON'T KNOW..... D
- REFUSED..... R

If a respondent does not sleep in a bed, ask if they are able to go to sleep at night when they want.

8. Can you be by yourself when you want to?

- YES..... 01
- NO..... 02
- SOMETIMES..... 03
- DON'T KNOW..... D
- REFUSED..... R

9. When you are at home, can you eat when you want to?

- YES..... 01
- NO..... 02
- SOMETIMES..... 03
- DON'T KNOW..... D
- REFUSED..... R

"Home" means where the respondent lives, whether in an institution or in their own home.

10. Can you choose the foods that you eat?

- YES 01
- NO 02
- SOMETIMES 03
- DON'T KNOW D
- REFUSED R

Note that this question does not include dietary restrictions that may constrain the respondent.

11. Can you talk on the telephone without someone listening in?

- YES 01
- NO 02
- SOMETIMES 03
- DON'T KNOW D
- REFUSED R
- NO ACCESS TO TELEPHONE NA

This question refers to whether the respondent can have private telephone conversations. If the respondent does not have a telephone, code "NO ACCESS TO PHONE".

12. Can you watch TV when you want to?

- YES 01
- NO 02
- SOMETIMES 03
- DON'T KNOW D
- REFUSED R
- NO ACCESS TO TV NA

If the respondent does not have a television or access to a television, code "NO ACCESS TO TV".

13. **[AFTER TRANSITION ONLY]** Some people get an allowance from the state to pay for the help or equipment they need. Do you get an allowance like this?

- YES 01
- NO 02 ➔ GO TO QUESTION 14
- DON'T KNOW D ➔ GO TO QUESTION 14
- REFUSED R ➔ GO TO QUESTION 14

This question is not asked at baseline. By allowance, we mean money from the MFP program not social security benefits or other sources of income.

13a. [AFTER TRANSITION ONLY] In the last 12 months, what help or equipment did you buy with this allowance?

[Code all that apply]

- MODIFIED HOME..... 01
- MODIFIED CAR..... 02
- SPECIAL EQUIPMENT..... 03
- PAID HELP..... 04
- TRANSPORTATION..... 05
- HOUSEHOLD GOODS..... 06
- SECURITY DEPOSIT..... 07
- OTHER..... 08
- DON'T KNOW..... D
- REFUSED..... R

This question is not asked at baseline.

MODULE 3: ACCESS TO PERSONAL CARE

14. Now I'd like to ask you about some everyday activities, like getting dressed or taking a bath. Some people have no problem doing these things by themselves. Other people need somebody to help them. First, does anyone help you with things like bathing, dressing, or preparing meals?

PROBE: Please include any help received by another person, including reminders and staying nearby in case you need help.

- YES..... 01
- NO..... 02 ➔ GO TO QUESTION 15
- DON'T KNOW..... D ➔ GO TO QUESTION 15
- REFUSED..... R ➔ GO TO QUESTION 15

Note that in this section questions about "help" refers to help with personal care, not monetary assistance.

14a. Do any of these people get paid to help you?

- YES..... 01
- NO..... 02 ➔ GO TO QUESTION 15
- DON'T KNOW..... D ➔ GO TO QUESTION 15
- REFUSED..... R ➔ GO TO QUESTION 15

This includes services paid for by either the respondent or others.

14b. Do you pick the people who are paid to help you?

- YES..... 01
- NO..... 02
- DON'T KNOW..... D
- REFUSED..... R

If the respondent has any choice at all in who is paid to help him or her, code "YES".

15. Do you ever go without a bath or shower when you need one?

- YES 01
- NO 02 ➔ GO TO QUESTION 16
- DON'T KNOW D ➔ GO TO QUESTION 16
- REFUSED R ➔ GO TO QUESTION 16

A "bath or shower" includes sponge baths. These questions refer to times the respondent wants to have a bath or shower, but there is no one to help them do so. If respondent replies "Sometimes," code 15 as "Yes" and 15a as "Sometimes".

15a. How often do you go without a bath or shower when you need one? Would you say only sometimes or most of the time?

- SOMETIMES 01
- MOST OF THE TIME 02
- DON'T KNOW D
- REFUSED R

15b. Is this because there is no one there to help you?

PROBE: Please include any help received by another person, including reminders and staying nearby in case you need help.

- YES 01
- NO 02
- DON'T KNOW D
- REFUSED R

16. Do you ever go without a meal when you need one?

- YES 01
- NO 02 ➔ GO TO QUESTION 17
- DON'T KNOW D ➔ GO TO QUESTION 17
- REFUSED R ➔ GO TO QUESTION 17

A meal includes snacks or other food whenever the respondent is hungry and wants to eat. If respondent replies "Sometimes," code 16 as "Yes" and 16a as "Sometimes".

16a. How often do you go without a meal when you need one? Would you say only sometimes or most of the time?

- SOMETIMES 01
- MOST OF THE TIME 02
- DON'T KNOW D
- REFUSED R

16b. Is this because there is no one there to help you?

PROBE: Please include any help received by another person, including reminders and staying nearby in case you need help.

YES..... 01
NO..... 02
DON'T KNOW..... D
REFUSED R

17. Do you ever go without taking your medicine when you need it?

PROBES: Medicines are pills or liquids that are given to you by a doctor to help you feel better.

YES..... 01
NO..... 02 ➔ GO TO QUESTION 18
DON'T KNOW..... D ➔ GO TO QUESTION 18
REFUSED R ➔ GO TO QUESTION 18

"When you need it" means according to the prescription. If respondent replies "Sometimes," code 17 as "Yes" and 17a as "Sometimes".

17a. How often do you go without taking your medicine when you need it? Would you say only sometimes or most of the time?

SOMETIMES..... 01
MOST OF THE TIME..... 02
DON'T KNOW..... D
REFUSED R

17b. Is this because there is no one there to help you?

PROBE: Please include any help received by another person, including reminders and staying nearby in case you need help.

YES..... 01
NO..... 02
DON'T KNOW..... D
REFUSED R

18. Are you ever unable to use the bathroom when you need to?

YES..... 01
NO..... 02 ➔ GO TO QUESTION 19
DON'T KNOW..... D ➔ GO TO QUESTION 19
REFUSED R ➔ GO TO QUESTION 19

"Using the bathroom" means getting to and using a toilet when the respondent needs to. This is not intended to address times the respondent is physically unable to go to the bathroom when at the toilet or when someone has a catheter or colostomy bag. If respondent replies "Sometimes," code 18 as "Yes" and 18a as "Sometimes".

18a. How often are you unable to use the bathroom when you need to? Would you say only sometimes or most of the time?

- SOMETIMES..... 01
- MOST OF THE TIME..... 02
- DON'T KNOW..... D
- REFUSED R

18b. Is this because there is no one there to help you?

PROBE: Please include any help received by another person, including reminders and staying nearby in case you need help.

- YES..... 01
- NO..... 02
- DON'T KNOW..... D
- REFUSED R

19. **[AFTER TRANSITION ONLY]** Have you ever talked with a case manager or support coordinator about any special equipment or changes to your home that might make your life easier?

PROBE: Equipment means things like wheelchairs, canes, vans with lifts, and automatic door opener.

- YES..... 01
- NO..... 02 ➔ GO TO QUESTION 20
- DON'T KNOW..... D ➔ GO TO QUESTION 20
- NOT APPLICABLE N/A ➔ GO TO QUESTION 20
- REFUSED R ➔ GO TO QUESTION 20

This question is not asked at baseline.

19a. **[AFTER TRANSITION ONLY]** What equipment or changes did you talk about?

- DON'T KNOW..... DK
- REFUSED R

This question is not asked at baseline.

19b. **[AFTER TRANSITION ONLY]** Did you get the equipment or make the changes you needed?

- YES..... 01
- NO..... 02
- IN PROCESS..... 03
- DON'T KNOW..... D
- REFUSED R

This question is not asked at baseline.

20. [AFTER TRANSITION ONLY] Please think about all the help you received during the last week around the house like cooking or cleaning. Do you need more help with things around the house than you are now receiving?

- YES..... 01
- NO..... 02
- DON'T KNOW..... D
- REFUSED..... R

This question is not asked at baseline. "Help" refers to both paid help (paid for by either the respondent or others) and unpaid help by friends and family.

21. [AFTER TRANSITION ONLY] During the last week, did any family member or friends help you with things around the house?

- YES..... 01
- NO..... 02 ➔ GO TO QUESTION 22
- DON'T KNOW..... D ➔ GO TO QUESTION 22
- REFUSED..... R ➔ GO TO QUESTION 22

This question is not asked at baseline.

21a. [AFTER TRANSITION ONLY] Please think about all the family members and friends who help you. About how many hours did they spend helping you yesterday?

PROBE: Your best estimate is fine.

INTERVIEWER: IF LESS THAN ONE HOUR, ENTER 1 HOUR.

[] Hours

- DON'T KNOW..... D
- REFUSED..... R

This question is not asked at baseline. Q.21 By "help" we mean family members and friends who provided help themselves, not those who paid someone else to provide assistance. Friends can include neighbors. "Things around the house" refers to tasks such as cooking, cleaning, laundry, etc.

MODULE 4: RESPECT AND DIGNITY

Note: If Q14 = No, D or R ➔ GO TO QUESTION 27

This module is skipped if the respondent receives no help (based on Q14).

INTERVIEWER: FOR QUESTIONS IN THIS MODULE, REFER TO YOUR STATE'S POLICY ON REPORTING ANY SUSPECTED INCIDENTS OF ABUSE AND NEGLECT. FOR THIS SURVEY, RECORD ONLY REPORTS OF CURRENT ABUSE.

22. You said that you have people who help you. Do the people who help you treat you the way you want them to?

- YES..... 01 ➔ GO TO QUESTION 23
- NO..... 02
- DON'T KNOW..... D ➔ GO TO QUESTION 23
- REFUSED R ➔ GO TO QUESTION 23

"Treat you the way you want them to" means being treated respectfully. If respondent replies "Sometimes," code 22 as "Yes" and 22a as "Sometimes".

22a. How often do they not treat you the way you want them to? Would you say only sometimes or most of the time?

- SOMETIMES..... 01
- MOST OF THE TIME..... 02
- DON'T KNOW..... D
- REFUSED R

23. Do the people who help you listen carefully to what you ask them to do?

- YES..... 01 ➔ GO TO QUESTION 24
- NO..... 02
- DON'T KNOW..... D ➔ GO TO QUESTION 24
- REFUSED R ➔ GO TO QUESTION 24

If respondent replies "Sometimes," code 23 as "Yes" and 23a as "Sometimes".

23a. How often do they not listen to you? Would you say only sometimes or most of the time?

- SOMETIMES..... 01
- MOST OF THE TIME..... 02
- DON'T KNOW..... D
- REFUSED R

24. [Optional] Have you ever been physically hurt by any of the people who help you now?

PROBE: Physically hurt means someone could have pushed, kicked, or slapped you.

- YES..... 01
- NO..... 02 ➔ GO TO QUESTION 25
- DON'T KNOW..... D ➔ GO TO QUESTION 25
- REFUSED R ➔ GO TO QUESTION 25

Each state will determine whether or not to include this series of questions (Q24 – Q26a). If included, interviewers may need to report incidences of abuse as required by law.

24a. [Optional] What happened when the people who help you now physically hurt you?

DON'T KNOW..... DK
REFUSED R

24b. [Optional] How many times have you been physically hurt by the people who help you now?

PROBE: Your best guess is fine.

[] TIMES

DON'T KNOW..... D
REFUSED R

25. [Optional] Are any of the people who help you now mean to you or do they yell at you?

PROBE: Do they treat you in a way that makes you feel bad or do they hurt your feelings?

YES..... 01
NO..... 02 ➔ GO TO QUESTION 26
DON'T KNOW..... D ➔ GO TO QUESTION 26
REFUSED R ➔ GO TO QUESTION 26

25a. [Optional] How often are they mean to you? Would you say only sometimes or most of the time?

SOMETIMES..... 01
MOST OF THE TIME..... 02
DON'T KNOW..... D
REFUSED R

26. [Optional] Have any of the people who help you now ever taken your money or things without asking first?

YES..... 01
NO..... 02 ➔ GO TO QUESTION 27
DON'T KNOW..... D ➔ GO TO QUESTION 27
REFUSED R ➔ GO TO QUESTION 27

This question asks if the people who currently help the respondent have ever stolen from him or her or borrowed something without asking.

26a. [Optional] How many times have they taken your money or things without asking first?

PROBE: Your best guess is fine.

[] TIMES

DON'T KNOW..... D
REFUSED R

MODULE 5: COMMUNITY INTEGRATION AND INCLUSION

27. I'd like to ask you a few questions about things you do. Can you see your friends and family when you want to see them?

INTERVIEWER: CODE "YES" IF RESPONDENT INDICATES THAT THEY HAVE EITHER GONE TO SEE FRIENDS OR FAMILY OR THAT FRIENDS AND FAMILY HAVE COME TO VISIT THEM.

YES..... 01
NO..... 02 ➔ GO TO QUESTION 28
DON'T KNOW..... D ➔ GO TO QUESTION 28
REFUSED R ➔ GO TO QUESTION 28

This question refers to either the respondent visiting friends and family and the respondent's family visiting him/her at their place of residence.

27a. How often do you see your friends and family when you want to see them? Would you say only sometimes or most of the time?

SOMETIMES..... 01
MOST OF THE TIME..... 02
DON'T KNOW..... D
REFUSED R

28. Can you get to the places you need to go, like work, shopping, or the doctor's office?

YES..... 01
NO..... 02 ➔ GO TO QUESTION 29
DON'T KNOW..... D ➔ GO TO QUESTION 29
REFUSED R ➔ GO TO QUESTION 29

This question refers to problems the respondent may have getting transportation to these places or personal assistance needed. People who have trouble getting out due to health should answer "no".

28a. How often do you get to the places you need to go, like work, shopping, or the doctor's office? Would you say only sometimes or most of the time?

SOMETIMES..... 01
MOST OF THE TIME..... 02
DON'T KNOW..... D
REFUSED R

29. Is there anything you want to do outside [the facility/your home] that you can't do now?

- YES 01
- NO 02 ➔ GO TO QUESTION 30
- DON'T KNOW D ➔ GO TO QUESTION 30
- REFUSED R ➔ GO TO QUESTION 30

29a. What would you like to do that you don't do now?

- DON'T KNOW D
- REFUSED R

29b. What do you need to do these things?

- DON'T KNOW D
- REFUSED R

30. When you go out, can you go by yourself or do you need help?

- GO OUT INDEPENDENTLY 01 ➔ GO TO QUESTION 31
- NEED HELP 02
- DON'T KNOW D ➔ GO TO QUESTION 31
- REFUSED R ➔ GO TO QUESTION 31

"Help" means personal assistance with walking or driving or other assistance to go out.

30a. Please think about all the help you received during the last week with getting around the community, such as shopping and going to a doctor's appointment, do you need more help getting around than you are receiving?

- YES 01
- NO 02
- DON'T KNOW D
- REFUSED R

Help refers to transportation and personal assistance someone needs to use transportation, not help with personal assistance due to a health issue.

31. **[AFTER TRANSITION ONLY]** Are you working for pay right now?

PROBE: Do you get any money for doing work?

- YES 01 ➔ GO TO QUESTION 32
- NO 02
- DON'T KNOW D ➔ GO TO QUESTION 32
- REFUSED R ➔ GO TO QUESTION 32

This question is not asked at baseline.

31a. **[AFTER TRANSITION ONLY]** Do you want to work for pay?

- YES 01
- NO 02
- DON'T KNOW D
- REFUSED R

This question is not asked at baseline.

32. **[AFTER TRANSITION ONLY]** Are you doing volunteer work or working without getting paid?

PROBE: Are you doing work but not getting any money for it?

- YES 01 ➔ GO TO QUESTION 33
- NO 02
- DON'T KNOW D ➔ GO TO QUESTION 33
- REFUSED R ➔ GO TO QUESTION 33

This question is not asked at baseline.

32a. **[AFTER TRANSITION ONLY]** Would you like to do volunteer work or work without getting paid?

PROBE: would you like to do work without getting paid for it?

- YES 01
- NO 02
- DON'T KNOW D
- REFUSED R

This question is not asked at baseline.

33. I'd like to ask you a few questions about how you get around. Do you go out to do fun things in your community?

PROBE: These are things that you enjoy such as going to church, the movies or shopping.

- YES 01
- NO 02
- DON'T KNOW D
- REFUSED R

34. When you want to go somewhere, can you just go, do you have to make some arrangements, or do you have to plan many days ahead and ask people for help?

DECIDE AND GO 01
 PLAN SOME 02
 PLAN MANY DAYS AHEAD..... 03
 DON'T KNOW..... D
 REFUSED R
 N/A..... NA

This question refers to day trips only. Making some arrangements includes making phone calls to schedule paratransit or other transportation services such as a taxi that do not require several days notice.

35. Do you miss things or have to change plans because you don't have a way to get around easily?

PROBE: Do you have to miss things because it is hard for you to get there?
 YES..... 01
 NO..... 02
 SOMETIMES 03
 DON'T KNOW..... D
 REFUSED R

This question is asking about transportation rather than personal health limitations.

36. Is there any medical care, such as a medical treatment or doctor's visits, which you have not received or could not get to within the past month?

PROBE: The medical care includes doctor visits or medical treatments that you may need.
 YES..... 01
 NO..... 02
 DON'T KNOW..... D
 REFUSED R

This question refers to medical care received outside the home. The focus is on transportation and personal assistance someone needs to use transportation, not help with personal assistance due to a health issue.

MODULE 6: SATISFACTION

37. Taking everything into consideration, during the past week have you been happy or unhappy with the help you get with things around the house or getting around your community?

HAPPY 01 ➔ GO TO QUESTION 37A
 UNHAPPY 02 ➔ GO TO QUESTION 37B
 DON'T KNOW..... D ➔ GO TO QUESTION 38
 REFUSED R ➔ GO TO QUESTION 38

This question refers to help received either in the community or in the home.

37a. Would you say you are a little happy or very happy?

A LITTLE HAPPY..... 01 ➔ GO TO QUESTION 38
VERY HAPPY 02 ➔ GO TO QUESTION 38
DON'T KNOW..... D ➔ GO TO QUESTION 38
REFUSED R ➔ GO TO QUESTION 38

37b. Would you say you are a little unhappy or very unhappy?

A LITTLE UNHAPPY..... 01
VERY UNHAPPY 02
DON'T KNOW..... D
REFUSED R

38. Taking everything into consideration, during the past week have you been happy or unhappy with the way you live your life?

HAPPY 01 ➔ GO TO QUESTION 38A
UNHAPPY 02 ➔ GO TO QUESTION 38B
DON'T KNOW..... D ➔ GO TO QUESTION 39
REFUSED R ➔ GO TO QUESTION 39

We are interested in whether the respondent is generally happy or unhappy right now.

38a. Would you say you are a little happy or very happy?

A LITTLE HAPPY..... 01 ➔ GO TO QUESTION 39
VERY HAPPY 02 ➔ GO TO QUESTION 39
DON'T KNOW..... D ➔ GO TO QUESTION 39
REFUSED R ➔ GO TO QUESTION 39

38b. Would you say you are a little unhappy or very unhappy?

A LITTLE UNHAPPY..... 01
VERY UNHAPPY 02
DON'T KNOW..... D
REFUSED R

MODULE 7: HEALTH STATUS

39. During the past week have you felt sad or blue?

YES 01
NO 02 ➔ GO TO QUESTION 40
DON'T KNOW..... D ➔ GO TO QUESTION 40
REFUSED R ➔ GO TO QUESTION 40

If the respondent replies "Sometimes," code 39 as "Yes" and 39a as "Sometimes."

39a. How often have you felt sad and blue? Would you say only sometimes or most of the time?

SOMETIMES..... 01
MOST OF THE TIME..... 02
DON'T KNOW..... D
REFUSED R

40. During the past week have you felt irritable?

PROBE: Irritable means grumpy or easily upset about things in your life.

YES..... 01
NO..... 02 ➔ GO TO QUESTION 41
DON'T KNOW..... D ➔ GO TO QUESTION 41
REFUSED R ➔ GO TO QUESTION 41

If the respondent replies "Sometimes," code 40 as "Yes" and 40a as "Sometimes."

40a. How often have you felt irritable? Would you say only sometimes or most of the time?

PROBE: Irritable means grumpy or easily upset about things in your life.

SOMETIMES..... 01
MOST OF THE TIME..... 02
DON'T KNOW..... D
REFUSED R

41. During the past week have you had aches and pains?

YES..... 01
NO..... 02 ➔ GO TO QUESTION 42
DON'T KNOW..... D ➔ GO TO QUESTION 42
REFUSED R ➔ GO TO QUESTION 42

If the respondent replies "Sometimes," code 41 as "Yes" and 41a as "Sometimes."

41a. How often do you have aches and pain? Would you say only sometimes or most of the time?

SOMETIMES..... 01
MOST OF THE TIME..... 02
DON'T KNOW..... D
REFUSED R

CLOSEOUT

42. Those are all the questions I have you now. We would like to talk with you in about a year or so to find out how you are doing. In case we have trouble reaching you, what is the name, address, and phone number of a close relative or friend who is not living with you and is likely to know your location in the future? For example, a mother, father, brother, sister, aunt, uncle, or close friend.

NO CONTACT AVAILABLE 01 ➔ GO TO QUESTION 43
CONTACT AVAILABLE..... 02

Partial information for a contact is ok. Even a name may help locate the respondent for follow up interviews. Addresses can include intersections or nearby landmarks (e.g. across from the Piggly Wiggly on Route 1). Any information is better than no information. Verify spelling if possible.

If the interview was completed with a proxy, record the proxy's information here and note that the interview was completed with a proxy in Q43.

- 42a. Contact Name: _____
- 42b. Contact Street Address: _____
- 42c. Contact City: _____
- 42d. Contact State: _____
- 42e. Contact ZIP _____
- 42f. Contact Phone: _____

43. *Interviewer: Did you complete the interview with the program participant alone, the program participant who was assisted by another, or with a proxy?*

- PROGRAM PARTICIPANT ALONE 01
- PROGRAM PARTICIPANT W/ ASSISTANCE 02
- PROXY 03

45. *Interviewer: Record date the interview was completed:*

[] [] []
Month Day Year

➔ **END INTERVIEW**