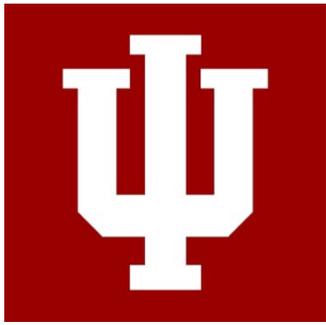


Transforming Long Term Care Support Services



Kristina Moorhead
Legislative Representative
State Health and Family Team

February 18, 2015



We both wear red...



Enjoy fast cars...



And swore a little when Phil predicted six more weeks of winter.

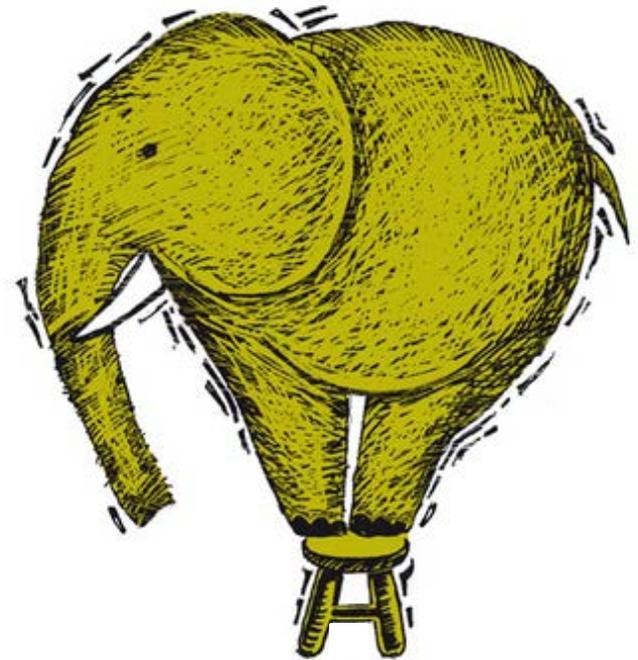
Agenda

- Rebalancing Long-Term Support Services (LTSS)
- Managed LTSS
- Raising Expectations – 2014 AARP LTSS Scorecard
- Caregiving

Rebalancing

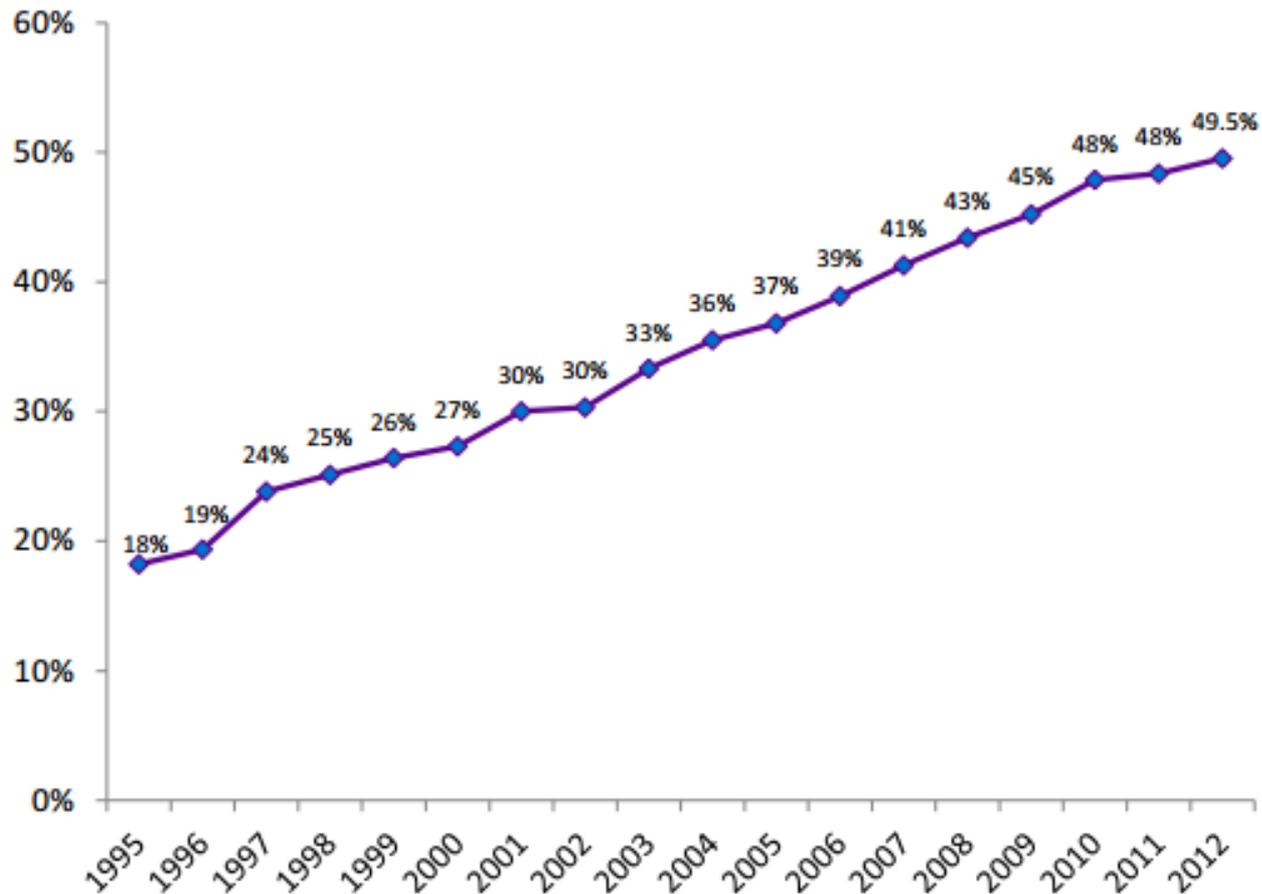
Rebalancing LTSS

- Providing LTSS in the least restrictive setting appropriate for the patient's needs.
- Potential for savings compared to institutional settings for LTSS.
- **83% of Alabama voters age 45+ want to receive long-term care at home with care giver assistance.**
- **91% of Alabama voters age 45+ think it is extremely or very important that services are available to help seniors live independently.**



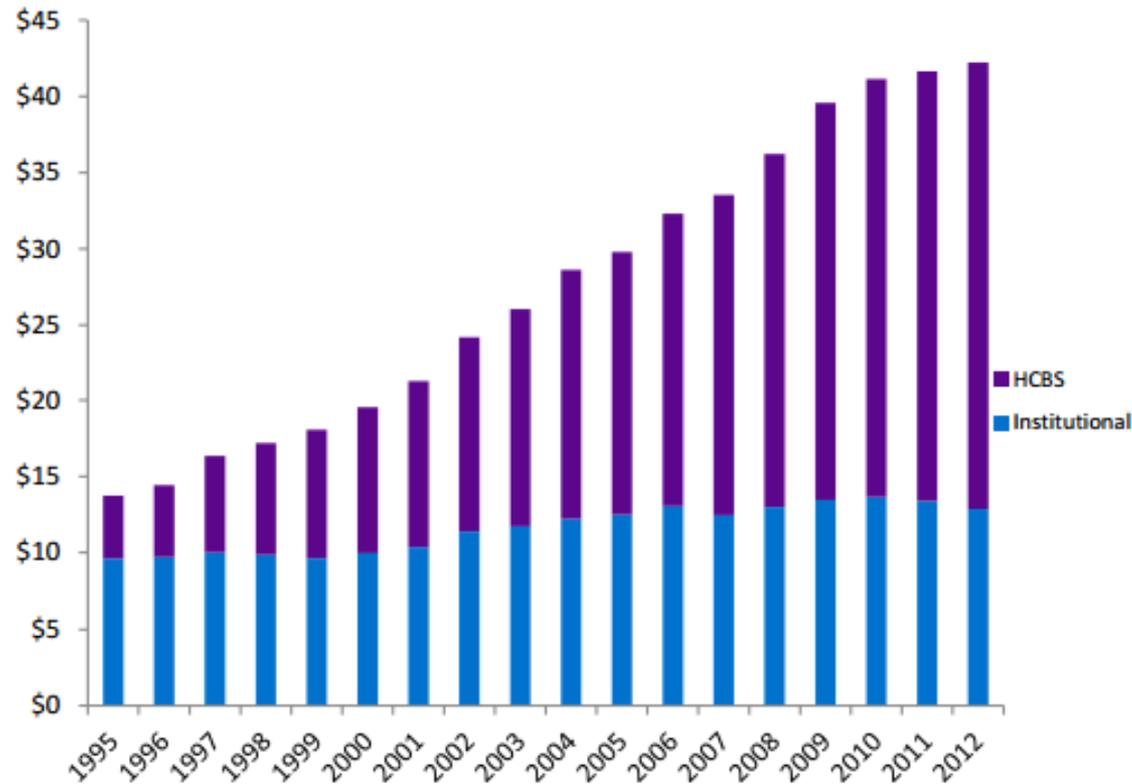
National Trends

Medicaid HCBS Expenditures as a Percent of Total Medicaid LTSS Expenditures, FFY 1995-2012



People with Developmental Disabilities

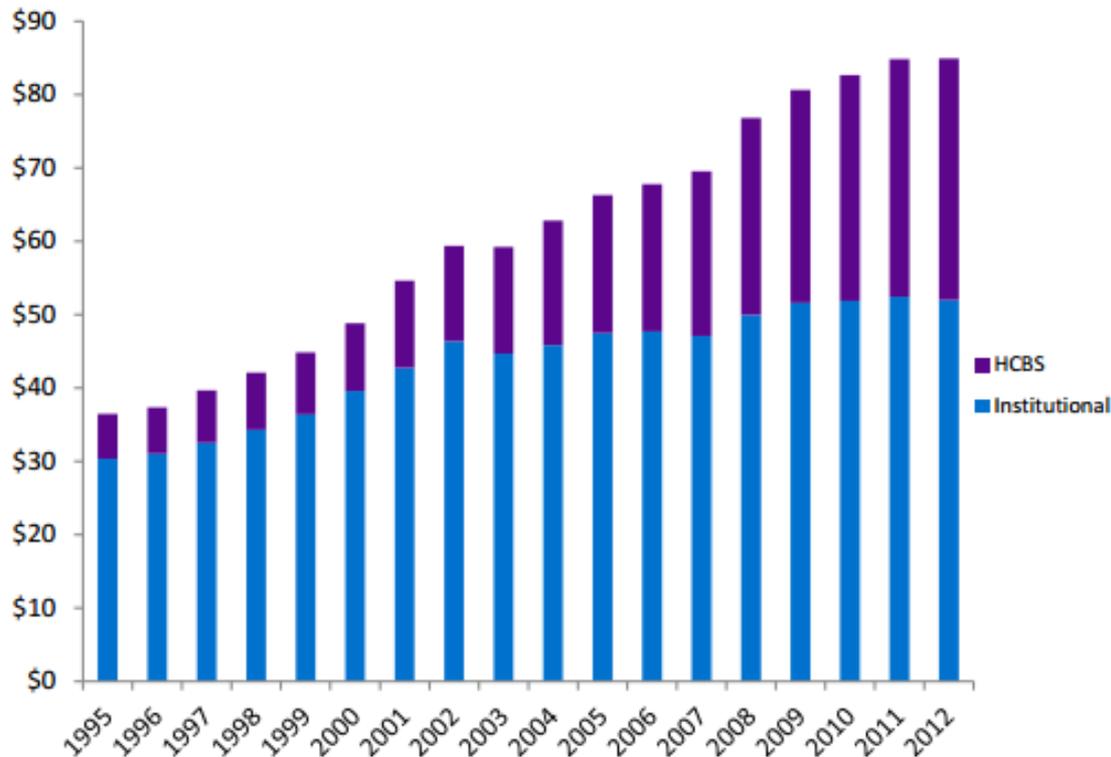
Medicaid LTSS Expenditures Targeted to People with Developmental Disabilities, by Service Category (in billions)



Institutional includes intermediate care facilities for individuals with intellectual disabilities.
HCBS includes Section 1915(c) waivers, Section 1115 demonstrations, and Section 1915(a) programs targeting people with intellectual disability, autism spectrum disorder, and/or other developmental disabilities.

Older People & People with Physical Disabilities

Medicaid LTSS Expenditures Targeted to Older People and People with Physical Disabilities, by Service Category (in billions)



Institutional includes nursing facilities.

HCBS includes personal care, home health, community first choice, PACE, private duty nursing, services authorized under Section 1915(j), and HCBS in Section 1915(c) waivers, Section 1915(a) programs, Section 1115 demonstrations, and Section 1932(a) programs targeting older people and/or people with physical disabilities.

Older Adults Often Left Out

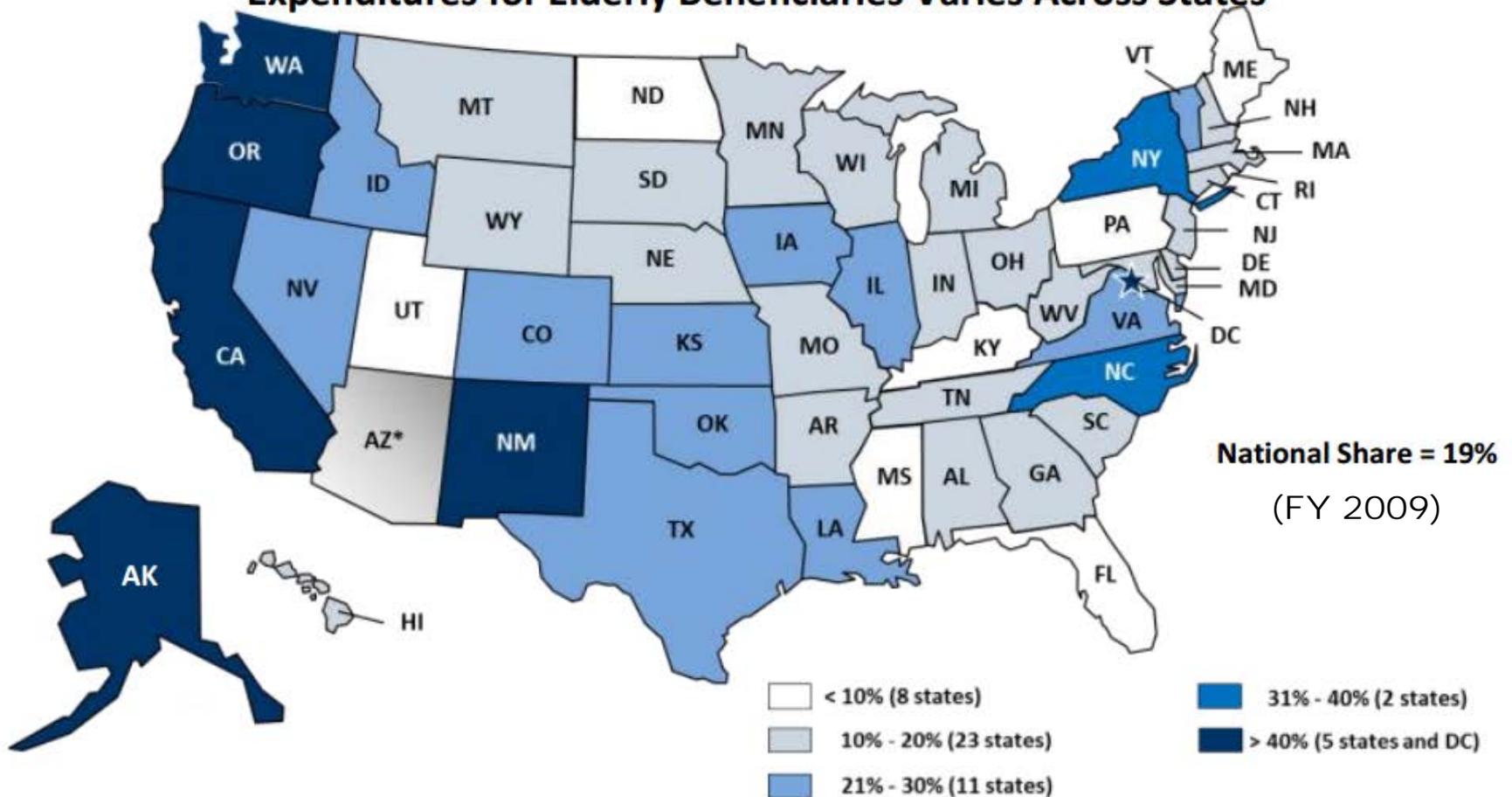
Medicaid Long-Term Services and Supports HCBS Spending (FY 2009)
Rebalancing for All Populations and Age 65+ - By State

State	HCBS as a % of Medicaid LTSS - All populations ¹	HCBS as a % of Medicaid LTSS - Age 65+ ²	Percentage Point Difference
Alabama	30%	11%	19%
Alaska	63%	58%	5%
Arizona	69%	N/A ³	N/A
Arkansas	30%	19%	11%
California	55%	48%	7%
Colorado	58%	26%	32%
Connecticut	44%	20%	24%
Delaware	35%	13%	22%
Dist. of Columbia	50%	41%	9%
Florida	34%	7%	27%
Georgia	37%	11%	26%
Hawaii	43%	18%	25%
Idaho	46%	29%	17%
Illinois	28%	23%	5%
Indiana	31%	11%	20%
Iowa	40%	27%	13%
Kansas	55%	26%	29%
Kentucky	31%	7%	24%
Louisiana	36%	27%	9%
Maine	49%	9%	40%
Maryland	37%	18%	19%
Massachusetts	45%	11%	34%
Michigan	33%	11%	22%
Minnesota	68%	18%	50%
Mississippi	14%	9%	5%
Missouri	41%	17%	24%

State	HCBS as a % of Medicaid LTSS - All populations ¹	HCBS as a % of Medicaid LTSS - Age 65+ ²	Percentage Point Difference
Montana	47%	18%	29%
Nebraska	38%	18%	20%
Nevada	42%	26%	16%
New Hampshire	41%	19%	22%
New Jersey	26%	19%	7%
New Mexico	83%	56%	27%
New York	47%	39%	8%
North Carolina	43%	32%	11%
North Dakota	29%	9%	20%
Ohio	33%	19%	14%
Oklahoma	42%	25%	17%
Oregon	72%	46%	26%
Pennsylvania	33%	9%	24%
Rhode Island	46%	8%	38%
South Carolina	38%	17%	21%
South Dakota	41%	11%	30%
Tennessee	42%	13%	29%
Texas	47%	28%	19%
Utah	44%	9%	35%
Vermont	65%	23%	42%
Virginia	43%	22%	21%
Washington	62%	57%	5%
West Virginia	40%	16%	24%
Wisconsin	52%	18%	34%
Wyoming	51%	17%	34%

Older Adults Often Left Out

Medicaid HCBS Spending for the Elderly as a Share of Medicaid Long-Term Care Expenditures for Elderly Beneficiaries Varies Across States



Managed Long-Term Services & Supports

2013 CMS Guidance

- ✓ Adequate planning and transition strategies for the design and implementation of MLTSS programs.
- ✓ Stakeholder engagement in the planning, implementation, and oversight of MLTSS programs.
- ✓ Enhanced provision of HCBS that offer the greatest opportunities for active community and workforce participation and operate consistently with the ADA, Olmstead decision, and CMS' home and community-based setting requirements.
- ✓ Alignment of payment structures with MLTSS programmatic goals, such as community integration, and the inclusion of performance-based incentives and/or penalties.
- ✓ Support for beneficiaries, including conflict-free choice counseling, independent advocacy or ombudsman services, and enhanced opportunities for disenrollment.

2013 CMS Guidance (cont.)

- ✓ Person-centered processes, including needs assessments, service planning and delivery, and supports for self-direction.
- ✓ A comprehensive integrated service package, including physical, behavioral health, instrumental, and HCBS.
- ✓ Qualified providers, including adequate capacity and expertise to provide services that support community integration.
- ✓ Participant protections, including safeguards to prevent abuse, neglect and exploitation and fair hearings with continuation of services pending appeal.
- ✓ Quality, including quality of life measures.

Financial Incentives for Increased HCBS

- Hawaii's contracts contain financial incentives for expanded HCBS capacity beyond annual thresholds established by the state, and sanctions penalizing MCOs that fail to expand community capacity at an appropriate pace. Must share incentives, but not sanctions, with providers.
- Illinois and Ohio provide incentive payments to MCOs for beneficiaries who transition to the community WITH overall improved health outcomes. Illinois has reduced rates for transitions from the community to nursing facilities.
- Tennessee allows MCOs to offer HCBS as a cost-effective alternative even if enrollment targets have been met.



Requirements for Nursing Home Transition or Diversion

- Kansas MCOs must meet and report on Money Follows the Person nursing home transition benchmarks.
- New Jersey MCOs must have a nursing home diversion plan, approved by CMS and the state, for beneficiaries receiving HCBS and those at risk of nursing home placement, including monitoring hospitalizations and short stay nursing home services for at risk beneficiaries.
- New Mexico MCOs must develop and facilitate transition plans for beneficiaries who are candidates for nursing home to community moves.



Person-Centered Planning & HCBS Settings Requirements

- Florida requires health plan contracts to include residential providers' responsibility to meet home-like environment and community inclusion goals.
- Hawaii requires MCOs to provide options counseling about institutional vs. HCBS settings and emphasize HCBS to prevent or delay institutionalization.
- Kansas requires beneficiaries receive appropriate services in the least restrictive setting, and that MCOs record the alternative HCBS and settings considered by the beneficiary as part of the person-centered planning process.



Beneficiary Protections

- Eight states require independent enrollment options counseling to assist beneficiaries with choosing a health plan.
 - Four states use their ombudsman program
 - Four states use an enrollment broker
- Six states expand beneficiaries' right to change MCOs for cause outside of open enrollment.
 - Five states allow a beneficiary to change MCOs if a provider leaves the MCO network.
 - Two states allow a beneficiary to change MCOs if HCBS appears to be available through another MCO.
- Continuity of care during transition from FFS to managed care.

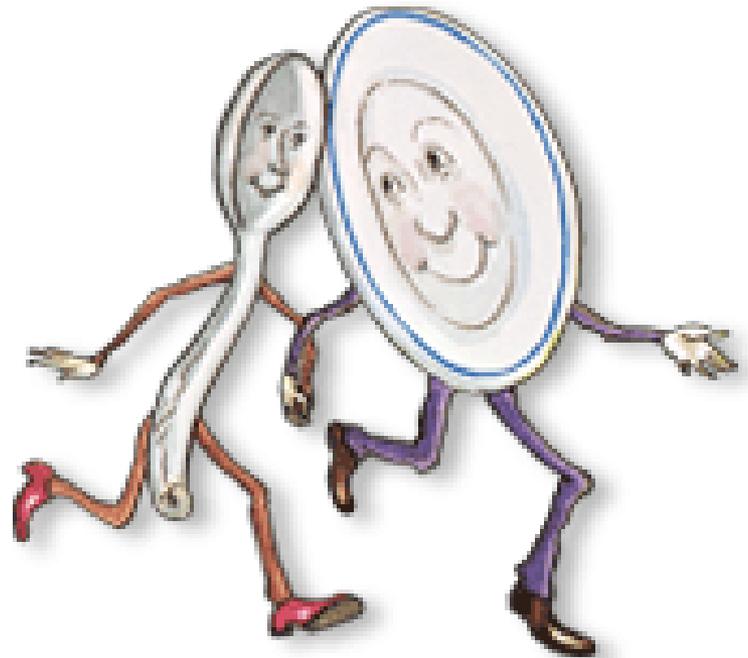


Quality Measures

- Area of development
- Many groups (National Quality Forum, National Council on Disability, National Association of States United for Aging and Disabilities...) working on the development of metrics.
- Eight states with mention of quality of life measures in the waiver...but little detail.
- Rebalancing and Community Integration Measures
 - California MCOs track number of referrals to HCBS waivers and assessments completed by HCBS providers, and number of beneficiaries who transition to the community and are not re-institutionalized within one year.
 - Kansas tracks waiting lists (move off the list and reason, new to waiting list, on the waiting list and receiving HCBS through managed care).
 - Ohio tracks beneficiaries who returned to the community setting and did not return to a nursing home in the same year.

Oversight

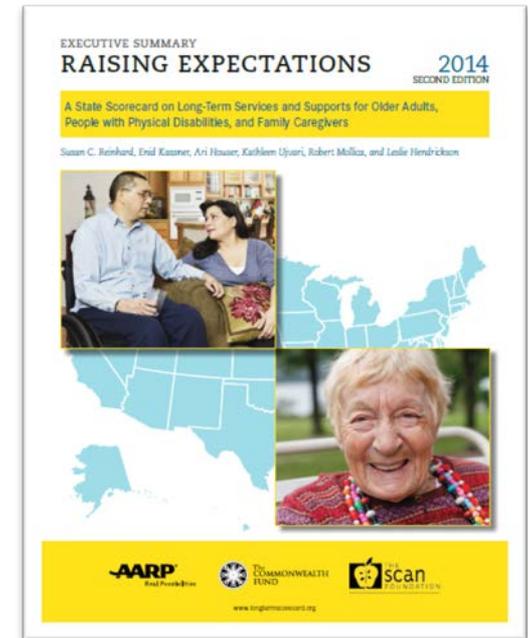
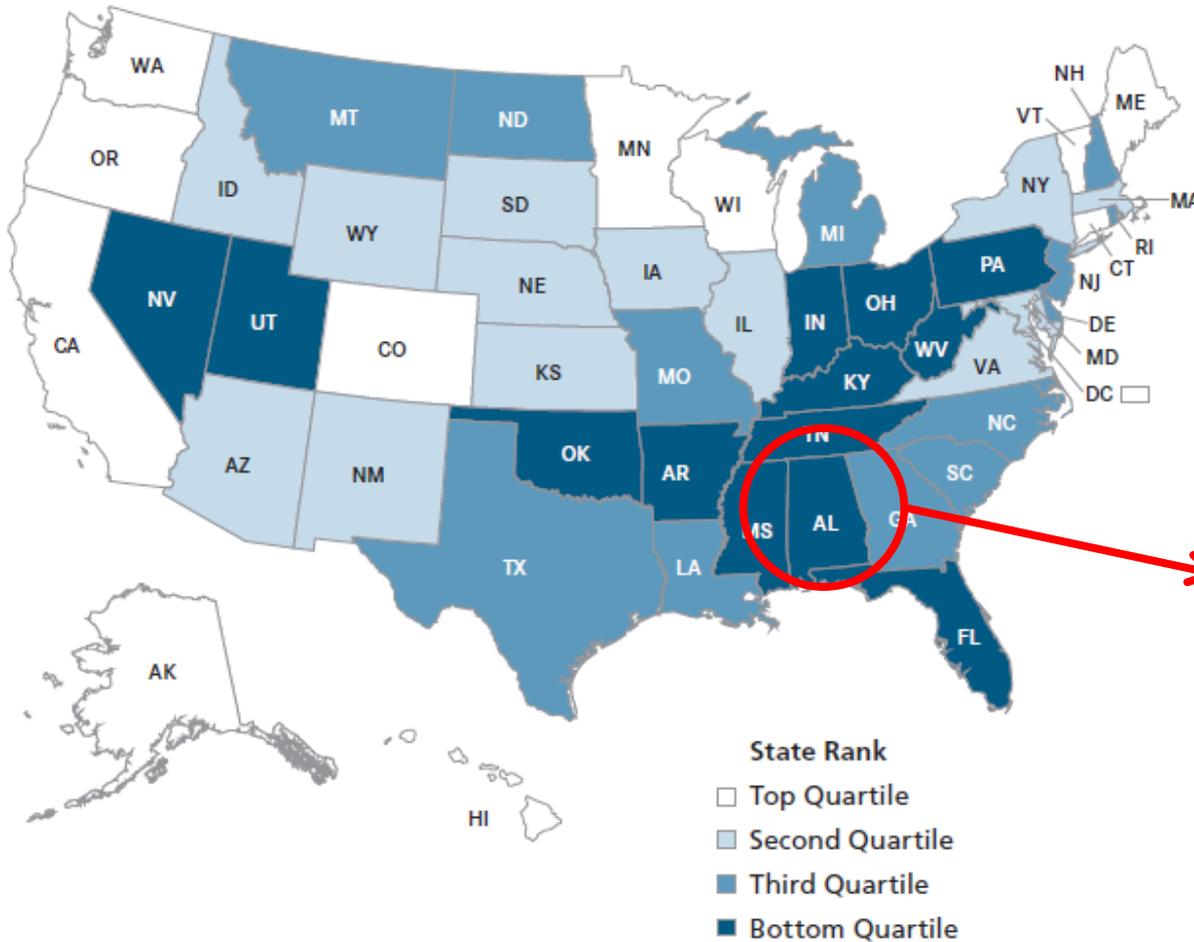
- Encounter data
- Contract monitoring
 - *Keeping Watch: Building State Capacity to Oversee Medicaid Managed Long-Term Services and Supports*
 - Service decreases proposed by health plans.
 - Grievances and appeals
 - Prior authorization processes
- Beneficiary Satisfaction Survey



Scorecard

Alabama's Overall Scorecard Performance

State Ranking on Overall LTSS System Performance



**Alabama
ranks 50th
overall**

Alabama's Overall Scorecard Performance (cont.)

Rankings

Overall : **50**

Affordability and Access: **47**

Choice of Setting and Provider: **51**

Quality of Life & Quality of Care: **44**

Support for Family Caregivers: **47**

Effective Transitions: **46**

Number of indicators for which this state ranked in the:

Top 5: **0**

Top Quartile: **1**

2nd Quartile: **3**

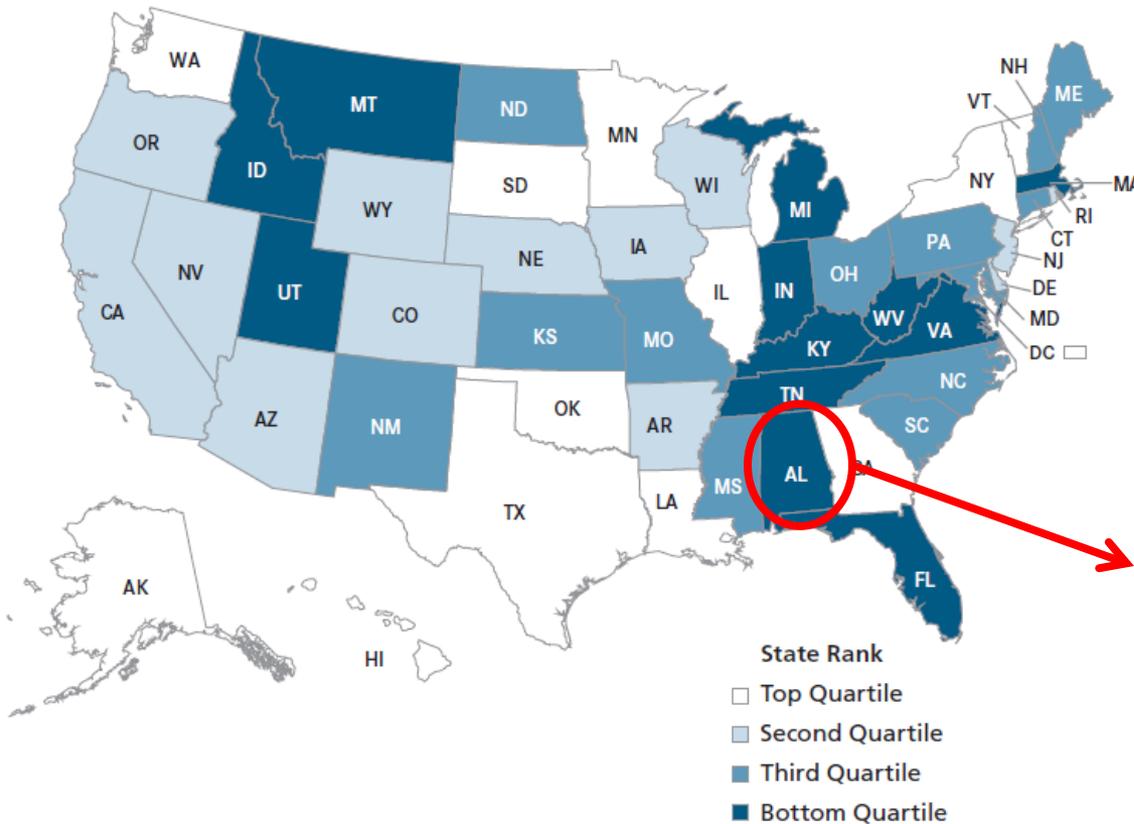
3rd Quartile: **5**

Bottom Quartile: **17**

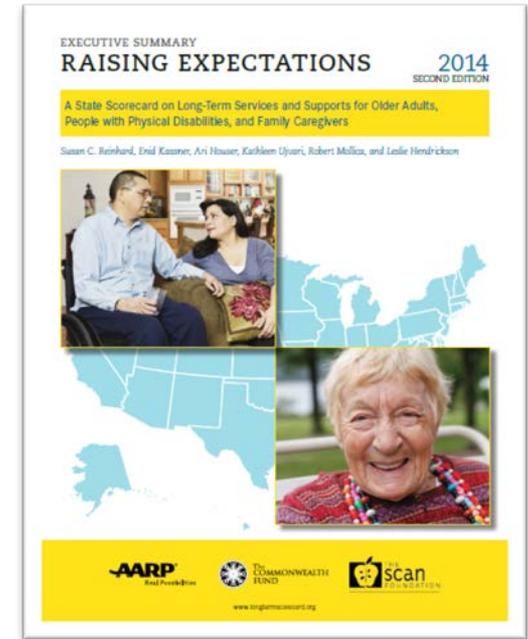
Bottom 5: **5**

Alabama's Support of Family Caregivers

State Ranking on Support for Family Caregivers Dimension



Source: State Long-Term Services and Supports Scorecard, 2014.



Alabama ranks 47th on this measure

Alabama's Support of Family Caregivers (cont.)

<u>Indicator</u>	<u>Rank</u>	<u>Progress</u>
Legal and system supports provided by states	43	
Elements of caregiver well-being	44	
The extent to which registered nurses are able to delegate health maintenance tasks to non-family members	40	

Caregivers



Alabama Caregivers

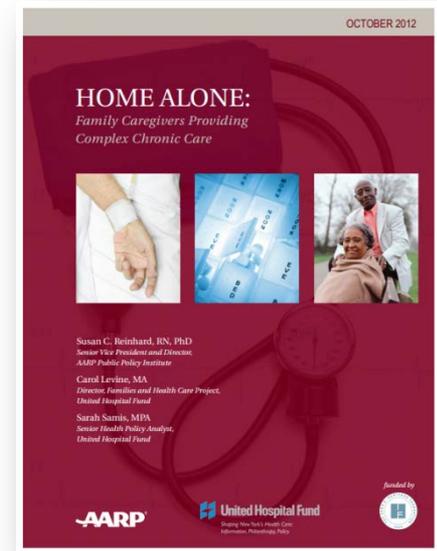
- Survey of 800 Alabama registered voters age 45+
 - 51% are currently providing or have provided unpaid care to an adult loved one.
 - 68% say it is likely they will provide unpaid care to an adult loved one in the future.
 - 83% want to receive care for themselves or their loved ones at home with caregiver assistance when the basic tasks of life become more difficult due to age or illness.
 - 88% support having options for paid help from a home health aide or other services so the caregiver can take a break from caregiving duties.
 - 75% use their own financial resources to provide care.
 - 55% go into work early or late, or take time off to provide care for a loved one.

In 2009, Alabama caregivers provided \$7.3 BILLION of unpaid care to their loved ones.

AARP's Home Alone Report

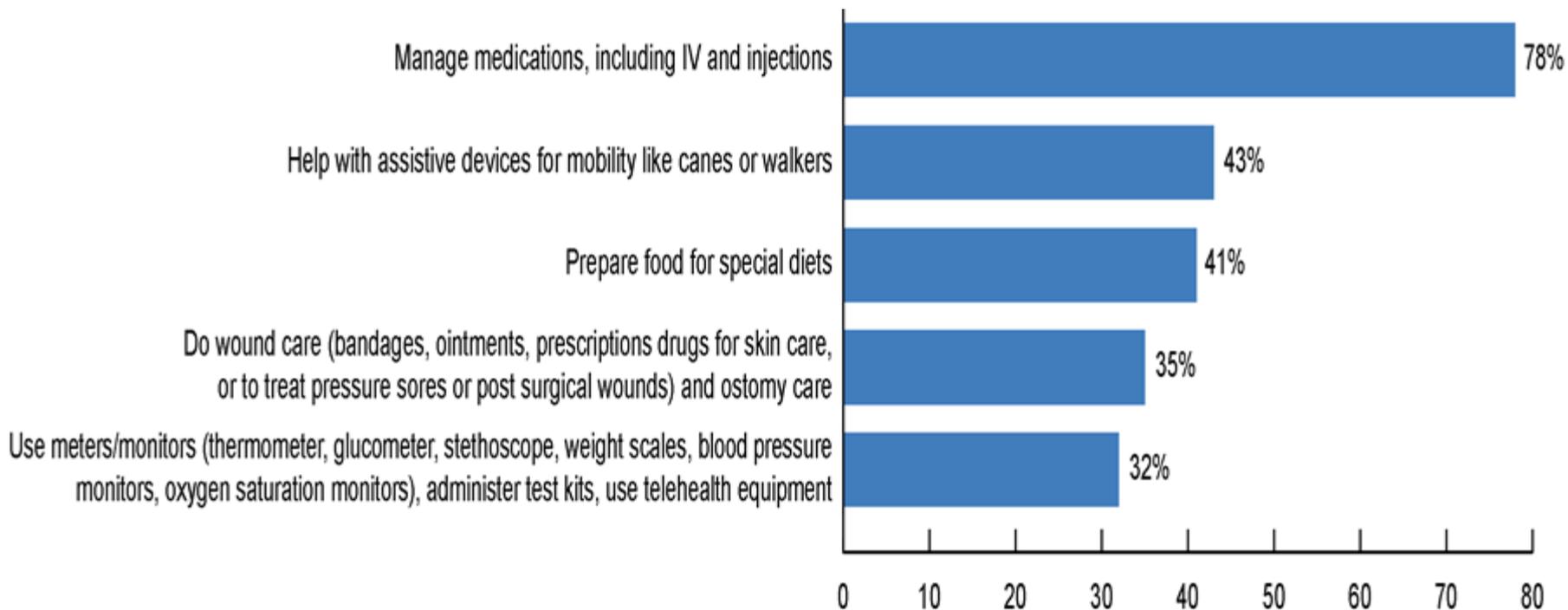
AARP PPI surveyed 1,677 family caregivers and found:

- Family caregivers perform complicated medical/nursing tasks and medication management
- Training is limited
- Most care recipients do not receive home visits by health professionals
- Performing medical/nursing tasks may prevent nursing home placement
- Quality of life is affected



Home Alone – Medical/Nursing Tasks

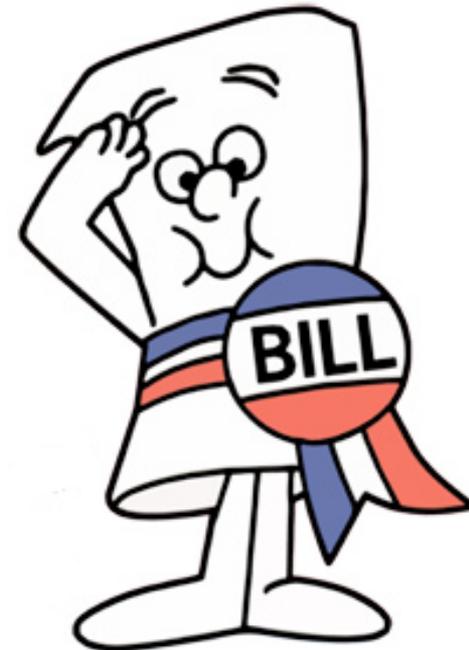
N=777



The CARE Act

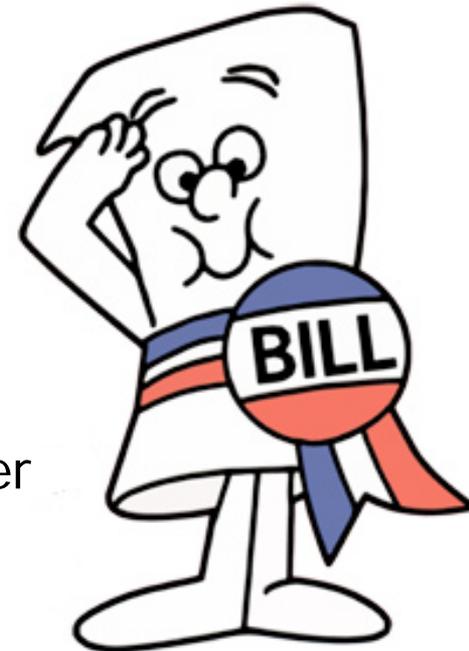
The purpose of the CARE Act is to ensure that hospitals include the caregiver in discharge planning and provide necessary training

- **Provision #1: Designation**
 - Record the name of the family caregiver upon admission into the hospital
- **Provision #2: Notification**
 - Contact the family caregiver(s) prior to discharge to another facility or home



The CARE Act

- **Provision #3: Consultation**
 - Hospital consults with caregiver on discharge plan, taking into account the caregiver's capabilities and limitations
 - Discharge plan includes contact information for necessary health and community resources
- **Provision #4: Training**
 - Hospital gives caregiver the opportunity to receive instruction on all after-care tasks included in the discharge plan to be performed by the caregiver
 - Caregiver gets opportunity to ask questions



Support for the CARE Act



I CaregiversSM

 Real Possibilities

aarp.org/iheartcaregivers

AARP Caregiving Resource Center

For more information visit www.aarp.org/caregiving

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Caregiving Resource Center | Information, tools and tips for caregivers

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Benefits & Insurance
Legal & Money Matters
Care for Yourself
Providing Care
Senior Housing
End of Life Care
Grief & Loss



CAREGIVING TOOLS



Long-Term Care Calculator
Calculate costs for long-term care by area or by type and length of stay.



I Heart Caregivers
Heart-ing family caregivers across the country.

[See all caregiving tools](#)

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Facebook Chat: Work and Caregiving
Amy Goyer answers your questions.

- In *Sickness, Health and (Sometimes) Anguish*
- Expert advice: Age-based sibling rivalry
- Free e-book: *Juggling Work and Caregiving*
- Catch up on past chats from our archive
- Got a question? Ask one of our experts!

CARE FOR THE CAREGIVER

FIND SUPPORT



AARP Phone: 1-877-333-5885 (1-888-971-2013 in Spanish)
Monday-Friday: 7 a.m.-11 p.m. ET
Saturday 9 a.m.-5 p.m. ET

[Share, get and give advice with other caregivers](#)

LOCATE RESOURCES

FIND A PROVIDER

Searching for

Assisted Living

In or Around



Prepare to Care
Download the caregiving planning guide for families (PDF)

Key Takeaways

- As states move forward with rebalancing, it is important to understand the needs of different groups of individuals using LTSS.
- Caregivers – you need them and they need you
- MLTSS can be a solution for rebalancing and supporting caregivers.
- Don't let the dish run away with the spoon.

Questions & Discussion

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