

Eliminating the Nursing Home Bias

Vermont's Choices for Care Waiver

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Overview of Presentation

I. Purpose

II. Overview of Vermont Choices for Care

III. Evaluation Findings

IV. Recommendations

V. Challenges Ahead

I. Purpose

- Describe foundation and mechanism of Vermont's Choices for Care (CFC) changing Medicaid long-term care entitlement
- Describe success, challenges, and evaluation findings
- Discuss ideas for enhancing Vermont system
- Discuss potential for replications in other states

II. Overview of Vermont Choices for Care

Vermont Mission

- To make Vermont the best state in the nation in which to grow old or live with a disability – with dignity and independence.
- Focus is on expanding home and community based options, while maintaining the needed number of quality nursing home beds

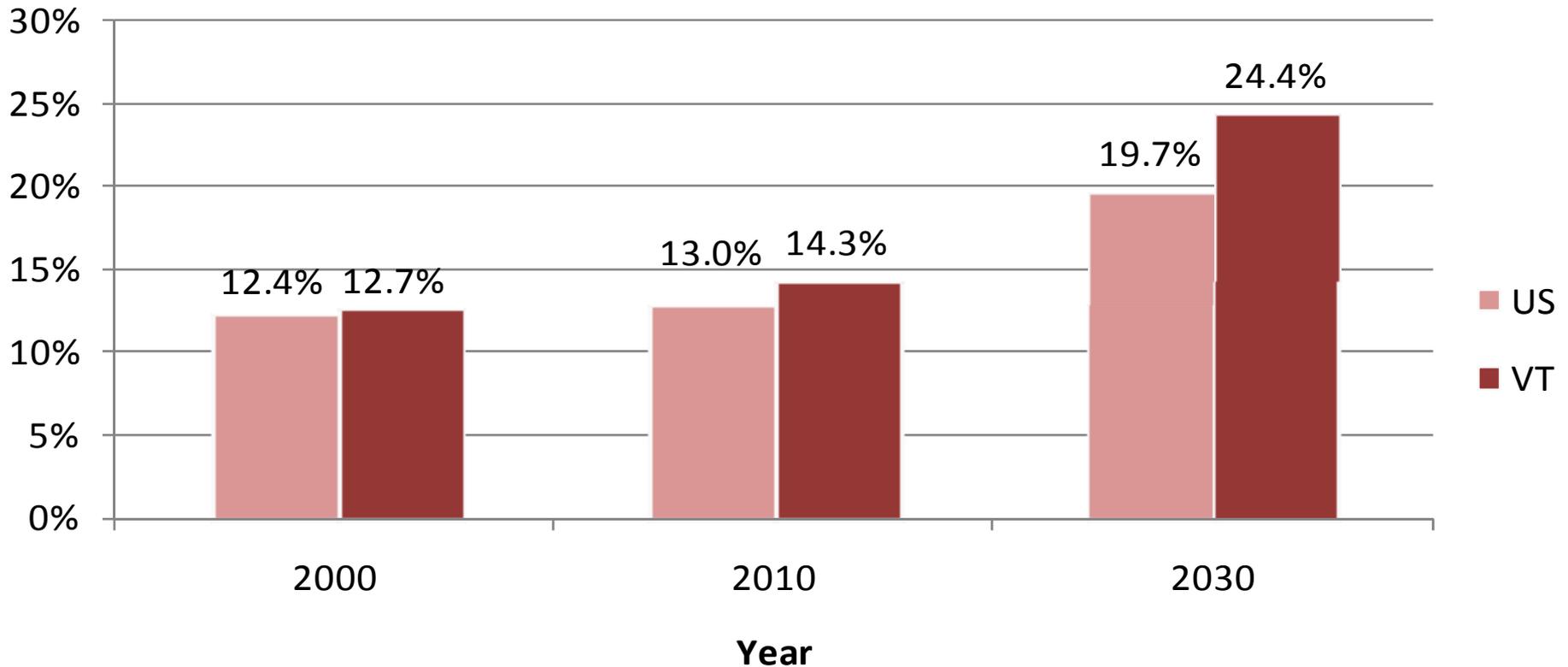
The Vermont Landscape

- Population = 620,589 (2007 numbers, projected from U.S. Census 2000)
- Approximately 12.5% of the U.S. is comprised of people age 65 and older.
- Vermont is an “aging state”. 13.3% of our population is age 65 and older.
- For the last 7 years, Vermont has had the lowest birth rate in the nation.

Source:

http://factfinder.census.gov/servlet/ACSSAFFacts?_event=Search&geo_id=&geoContext=&street=&county=&cityTown=&state=04000US50&zip=&lang=en&sse=on&pctxt=fph&pgsl=010

Percent of Population Age 65+, by Census Year: United States and Vermont



Source:
http://factfinder.census.gov/servlet/ACSSAFFacts?_event=Search&geo_id=&geoContext=&street=&county=&cityTown=&state=04000US50&zip=&lang=en&sse=on&pctxt=fph&pgsl=010

Overview of Vermont's System

- 5 Area Agencies on Aging
- 42 nursing homes (NH) – 3,286 beds (39 accept Medicaid residents)
- 14 Adult Day Providers (17 sites)
- 12 Home Health Agencies (11 non-profit)
- 109 Residential Care Homes - 2,303 beds
- 8 Assisted Living Residences – 326 units

Steps that Laid the Foundation - From 1915 (c) to 1115 Demonstration Waiver

- Passage of *Shifting the Balance* legislation – 1996
 - Directed that funds not spent on nursing home care be invested in developing the Home and Community Based system (HCBS).
 - Raised provider rates
 - Raised consumer/surrogate directed wages
 - Improved adult day capacity
 - Improved residential care home capacity
 - Added supportive services in senior housing

Steps (cont.)

- Prioritized regional waiting lists for HCBS, so those at risk of nursing home placement were given priority access.
- Early Centers for Medicare and Medicaid Services (CMS) nursing home diversion grant - we learned:
 - By the time we saw people in the NH, the decision had already been made and was hard to undo.
 - Many families didn't want us to "rock the boat"
 - Need for 24/7 protective presence, family burn out and the need to feel "safe" were mentioned most often

Steps (cont.)

- 2 years of planning and building support
- Governor
- Community (including providers, advocates)
- Legislature
- CMS

Choices for Care Overview

- Five-year 1115 demonstration waiver, October 2005 - September 2010 (now requesting 3-year extension)
- Demonstration must be “budget neutral”
- Includes all Medicaid expenditures for enrolled individuals (NH, HCBS, acute care/primary care)
- Expenditures subject to 5-year cap; projections allow for an average 7.28% increase/year
- Settings
 - Nursing Homes - Home-Based Services
 - Enhanced Residential Care (ERC)

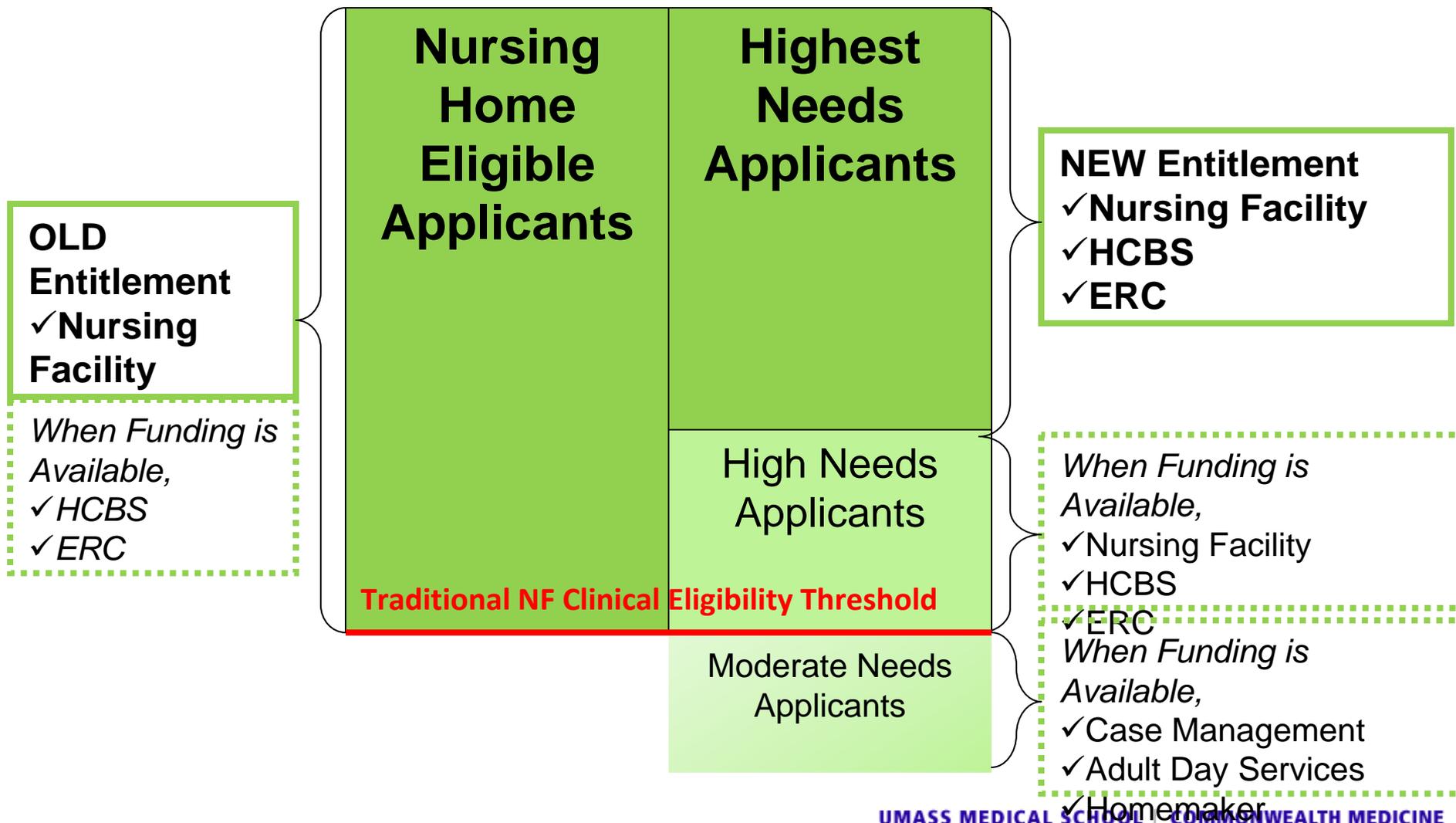
CFC Overview (cont.)

- **Choice**: Participants have equal access to the long-term setting of their choice – nursing home, home-based services, and enhanced residential care. Participants may move from one setting to another.
- Applicant's needs are based on a clinical assessment ; determined to be *Highest, High, or Moderate Need*; individuals must also meet financial eligibility criteria.
- Highest Needs individuals are entitled to services and are enrolled as soon as clinical and financial eligibility has been determined.
- High Needs individuals are enrolled as funds are available.
- Moderate Needs services (adult day, homemaker and case management) are preventive. Enrollment is limited by the available funds.

CFC SETTINGS AND SERVICES

- Nursing Homes (39)
- Enhanced Residential Care (60+)
- Home-Based Care and Supports
 - Case Management (AAAs and Home Health)
 - Personal Care
 - Adult Day
 - Respite
 - Companionship
 - Home Modifications/Assistive Technology
 - Personal Emergency Response System

Vermont Medicaid Waiver Eligibility: Before and After CFC



CFC Options

- Flexible Choices (Cash and Counseling)
- Program for All-inclusive Care for the Elderly (PACE) – 2 centers
- 24-hour Care (very limited)
- Consumer/Surrogate Directed
- Payments to spouses and Civil Union Partners as caregivers
- Moderate needs group—preventive services

CFC Overview (cont.)

- 14 RN Long-term Care Clinical Coordinators – LTCCCs are State employees
- Face-to-face meeting for the LTC clinical eligibility assessment and to learn about long term care options.
- LTCCCs review and approve care plans
- LTCCCs lead regional waiver teams, form partnerships to help ensure the participants receive necessary services in the settings of their choice.
- (No county/local government does not have role in managing or funding CFC).

III. Choices for Care Evaluation

Evaluation Outcomes

1. Information to Choose Long-Term Care Setting
2. Timely Access
3. Effectiveness
4. Positive Experiences with Care
5. Improved Self-Reported Quality of Life
6. Equal Application of High Needs Waiting List
7. Budget Neutrality
8. Public Awareness of Long-Term Care Setting Options
9. Positive Long-Term Care and Health Outcomes

Evaluation Framework: Analyses to Date

- 2006-2007: Qualitative analysis
 - Semi-structured interviews with Choices for Care state staff, advocates, provider staff, consumers, & family members;
 - Focus groups with provider staff & consumers
- 2008-2009
 - Analysis of 3 consumer satisfaction surveys (2006-2008);
 - Analysis of 2008 consumer survey merged with 2008 clinical assessment & service authorization data
 - Completed 3-year report on outcomes from all analyses

EVALUATION FINDINGS BY DESIRED OUTCOME

1. Information to Choose LTC Setting

- In year 2, stakeholders, providers, and consumers alike reported having little knowledge of new options such as Flexible Choices.
- Recent (March 2008) “CFC 101” training and at least one “Flexible Choices fair” in one county (2007) were held.

1. Information Dissemination

Indicators from MACRO surveys	Year 1 (10/05-9/06)	Year 2 (10/06-9/07)	Year 3 (10/07-9/08)
A. "Choice & control when planning for their services"	86%	91% ¹	89%
A1. Older (85+)/oldest (65-85) > younger (18-64)*			91% v. 84%
A2. AAA case management (CM) > HHA CM			93% v. 87%
B. "People listen to [their] needs and preferences"	89%	92% ¹	93%¹
B1. Older/oldest > young age group			97/96% v. 84%
B2. High > moderate needs			97% v. 90%
B3. Female > male			94% v. 90%
B4. Self-directed > agency-directed			96% v. 90%

* > Denotes that the participant subgroup (s) preceding the ">" symbol had significantly higher satisfaction rate (only in Year 3) than the subgroup(s) following this symbol

¹ = indicates statistically different from 2006 (year 1)

2. Timely Access

- Applications to CFC have increased from year 1; average monthly number of new applications to CFC each year during the 2005-2008 period were 244, 355, and 352 respectively.
- In year 2, key informants reported that clinical eligibility determination generally was timely (<1 week), but financial eligibility determination was time-consuming and confusing.
- In Year 3, differences were founded in satisfaction rates with “timely services” based on age and self-direction:

2. Timely Access (cont.)

Indicators from MACRO surveys	Year 1	Year 2	Year 3
<i>C. "Timely services"</i>	84%	90% ¹	89% ¹
C1. Older/oldest > younger *			90/91% v. 83%
C2. Self-directed > agency-directed services			92% v. 87%
<i>D. "Services Fit Schedule"</i>	86%	90% ¹	90% ¹
D1. Older > younger age group			95% v. 86%
D2. High/Highest > moderate needs			95/92% v. 87%
D3. Self-directed > agency-directed services			95% v. 88%

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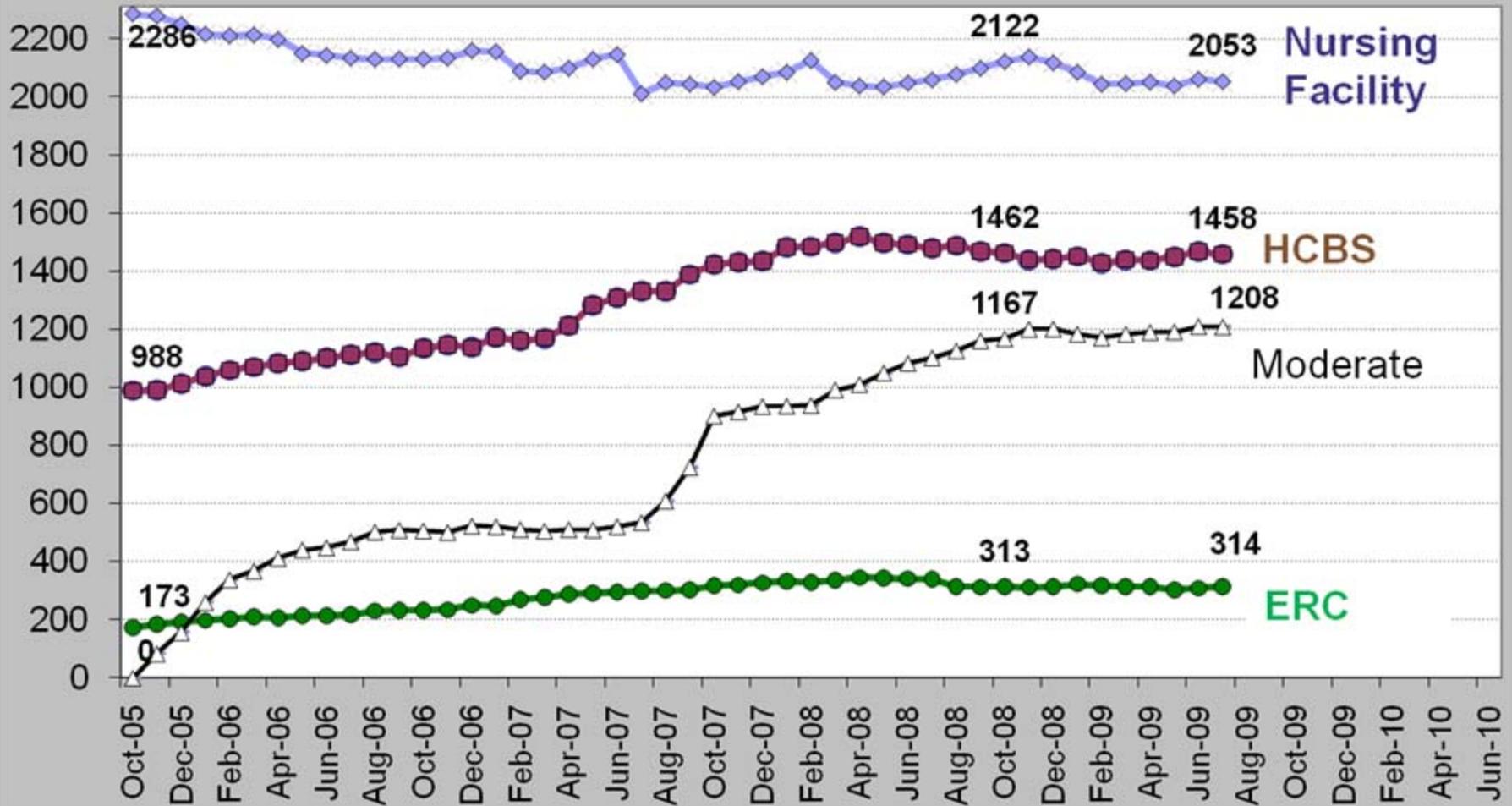
3. Effectiveness

(Ability to Live in Community Longer)

- Total enrollment increased each year during 2005-2008.
- Nursing facilities were the setting leading enrollment in each year (66% in 10/05, 42% in 10/08) (including Moderate Needs)
- HCBS, ERC, and Moderate Needs enrollment trend was upward while NF enrollment trend was slightly downward during 2005-2008.
- CFC served more highest needs clients each year than any other level of need.
- Of all highest needs, the percent of those in HCBS and ERC settings (vs. nursing facilities) increased.

3. Effectiveness (cont.)

Choices for Care: Total Number of Enrolled Participants by Setting
October 2005 - July 2009



3. Effectiveness (cont.)

Indicators from MACRO surveys	Year 1	Year 2	Year 3
E. "Services Meet Needs"	89%	91% ¹	91%
E1. High/Highest > moderate needs			97/96% v. 86%
E2. Intensive > low ADL needs			97% v. 89%
E3. Self-Directed > agency-directed			96% v. 89%
F. "Help Made Life Better"	95%	96%	92%^{1,2}
F1. High > moderate needs			96% v. 89%
F2. Medium > low ADL needs			96% v. 90%
F3. Self-Directed > agency-directed			95% v. 90%
F4. AAA > HHA CM			95% v. 89%

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² = indicates statistical different from 2007 (year 2)

4. Experiences with Care

Indicators from MACRO surveys	Year 1 (10/05-9/06)	Year 2 (10/06-9/07)	Year 3 (10/07-9/08)
G. <i>"Courtesy of Others"</i>	97%	98% ¹	98%
E1. Oldest > younger			100% v. 97%
H. <i>"Quality of Services"</i>	92%	94% ¹	93%
F1. Highest/High > moderate needs			100/97% v. 88%
F2. Medium/Intensive > low ADL Needs			97% v. 91%
F3. Self-Directed > agency-directed			97% v. 90%

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5. Self-Reported Quality of Life

Indicators from MACRO surveys	Year 1	Year 2	Year 3
I. "Overall Quality of Life"	63%	71% ¹	70% ¹
I1. Older/oldest > younger participants			80/74% v. 57%
I2. Female > male			73% v. 64%
J. "How I Spend My Free Time"	63%	64%	67%
J1. Female > male			69% v. 61%
J2. Older > younger			70% v. 60%
K. "Get Around Inside Home As Much As Need To"	75%	80% ¹	78%
K1. Low > medium/intensive ADL needs			83% v. 75/64%
K2. Moderate > highest level of need			82% v. 74%
L. "Social Life and my connection to my community"	55%	54%	55%

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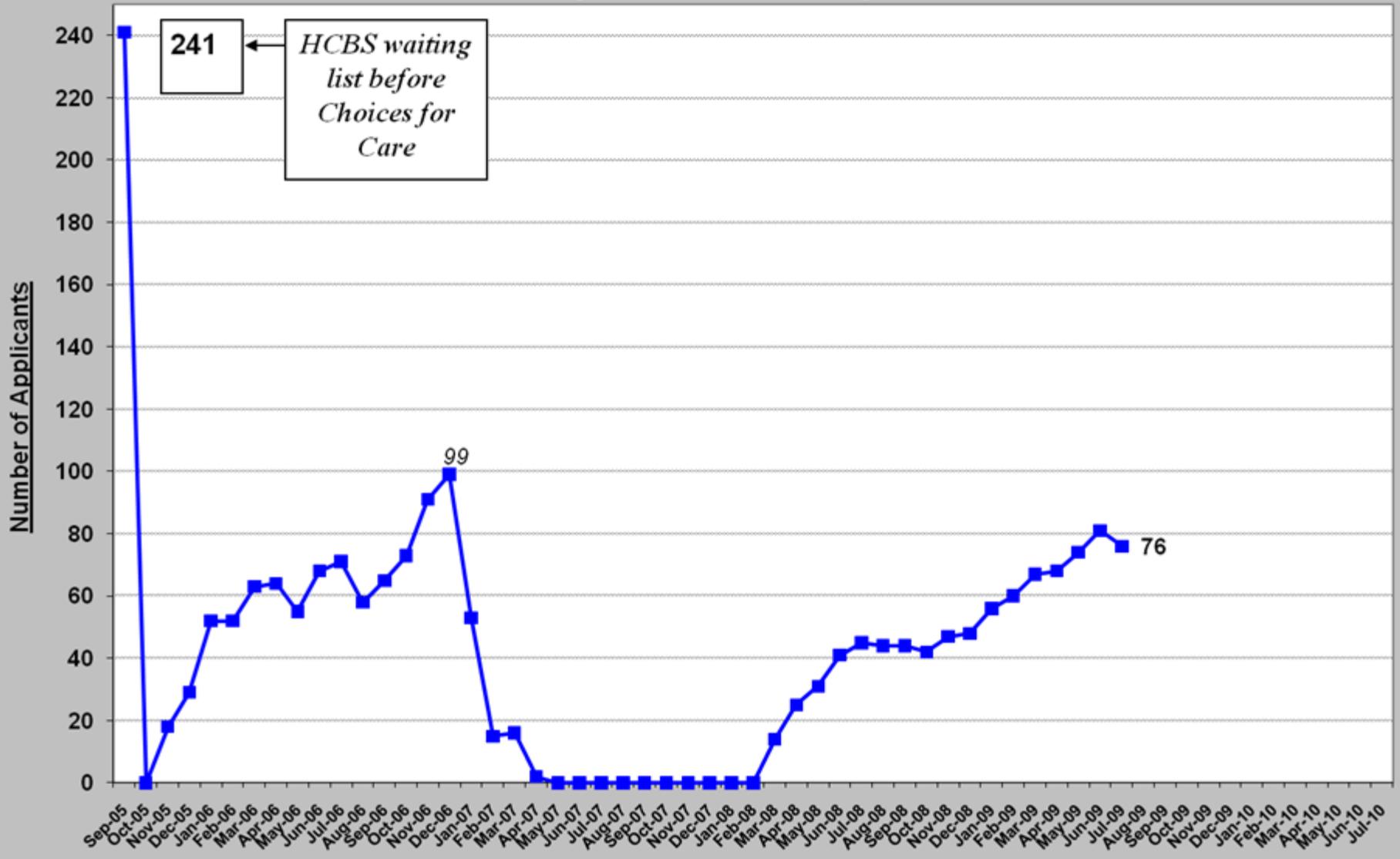
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6. High Needs Waiting List Impact

- The High Needs Waiting List was designed to control spending at times of CFC budget constraints (by giving service priority to highest needs individuals).
- The High Needs Waiting List was active for 24 months out of 36 months.
- Special circumstances enrollment data in 2005-2008 shows no pattern favoring nursing facility admissions over HCBS or ERC enrollment.

Choices for Care High Needs Applicant List, by Month September 2005 - July 2009

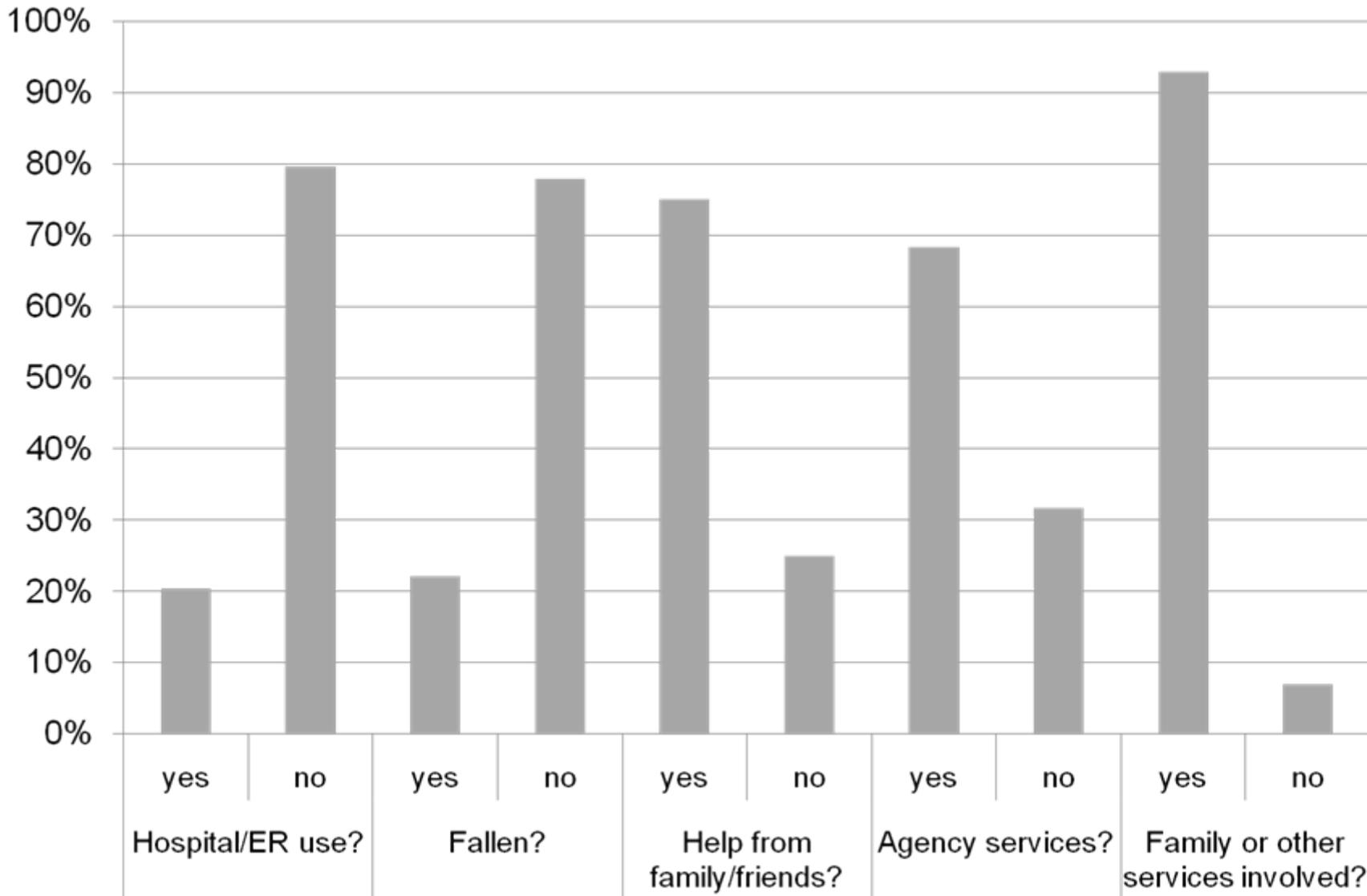


6. High Needs Waiting List (cont.)

Indicators (all from SAMS)	Years 1-3		
1. Number of high needs applicants <i>admitted to HCBS under special circumstances</i>	50 (40% of 123 total)		
2. Number of high needs applicants <i>admitted to ERCs under special circumstances</i>	15 (12% of total)		
3. Number of high needs applicants <i>admitted to nursing facilities under special circumstances</i>	58 (47% of total)		
Indicators (all from SAMS)	Year 1	Year 2	Year 3
4. Average monthly number of individuals on the high need applicant list.	50^a	50	35

Note: Calculated using the number of months in the year where the applicant list was greater than 0.

Percent of Persons on High Needs Waiting List Reporting Having Specific Experiences (April 2009, N = 60)

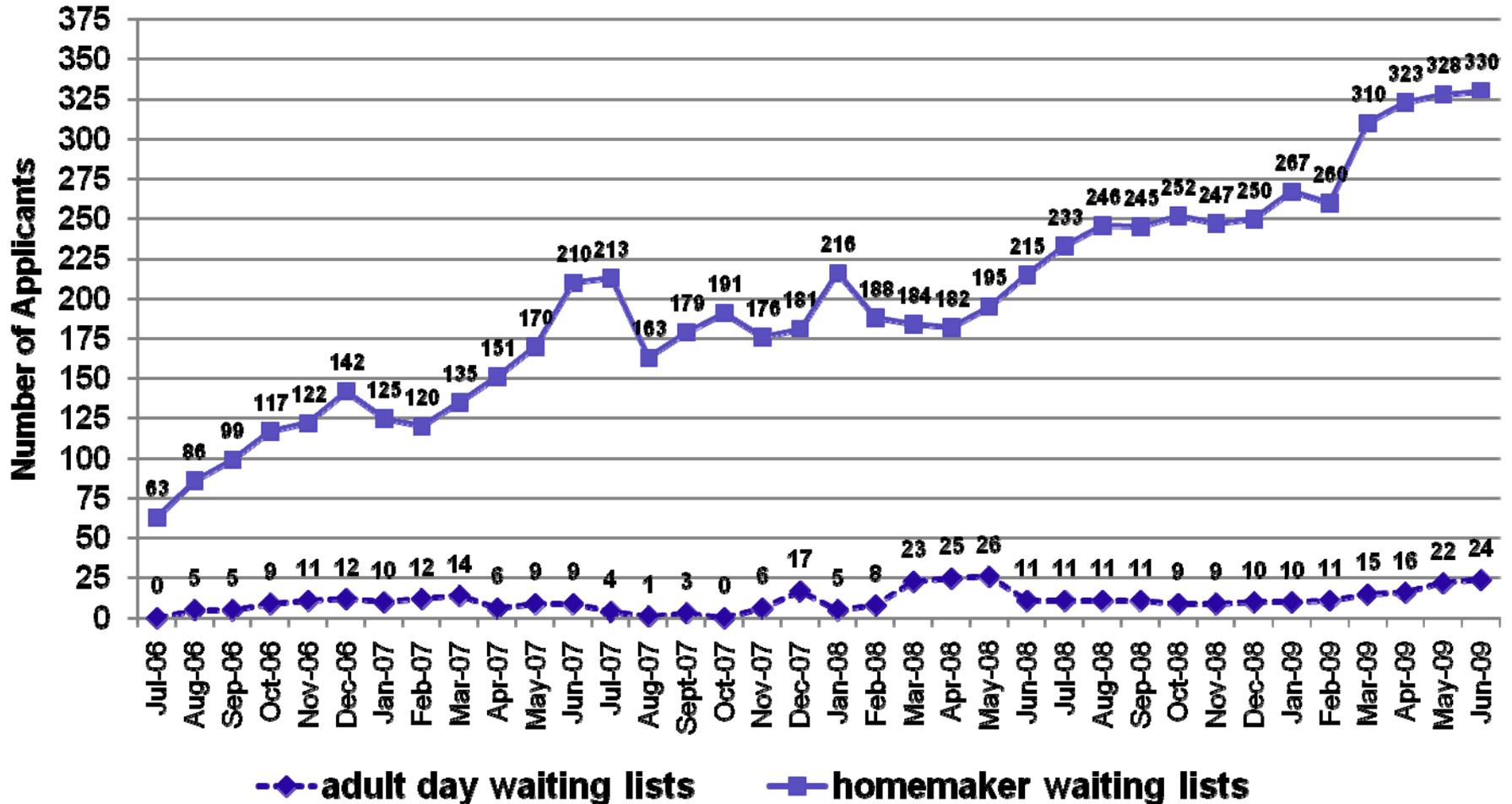


Moderate Needs Waiting Lists

- Separate waiting lists were maintained at the provider level for moderate needs clients (adult day providers, homemaker providers).
- Homemaker waiting list far exceeded adult day waiting list

6. Moderate Needs Waiting Lists

Choices for Care: Moderate Needs Group Waiting Lists by Type of Service SFY 2006 – SFY 2010



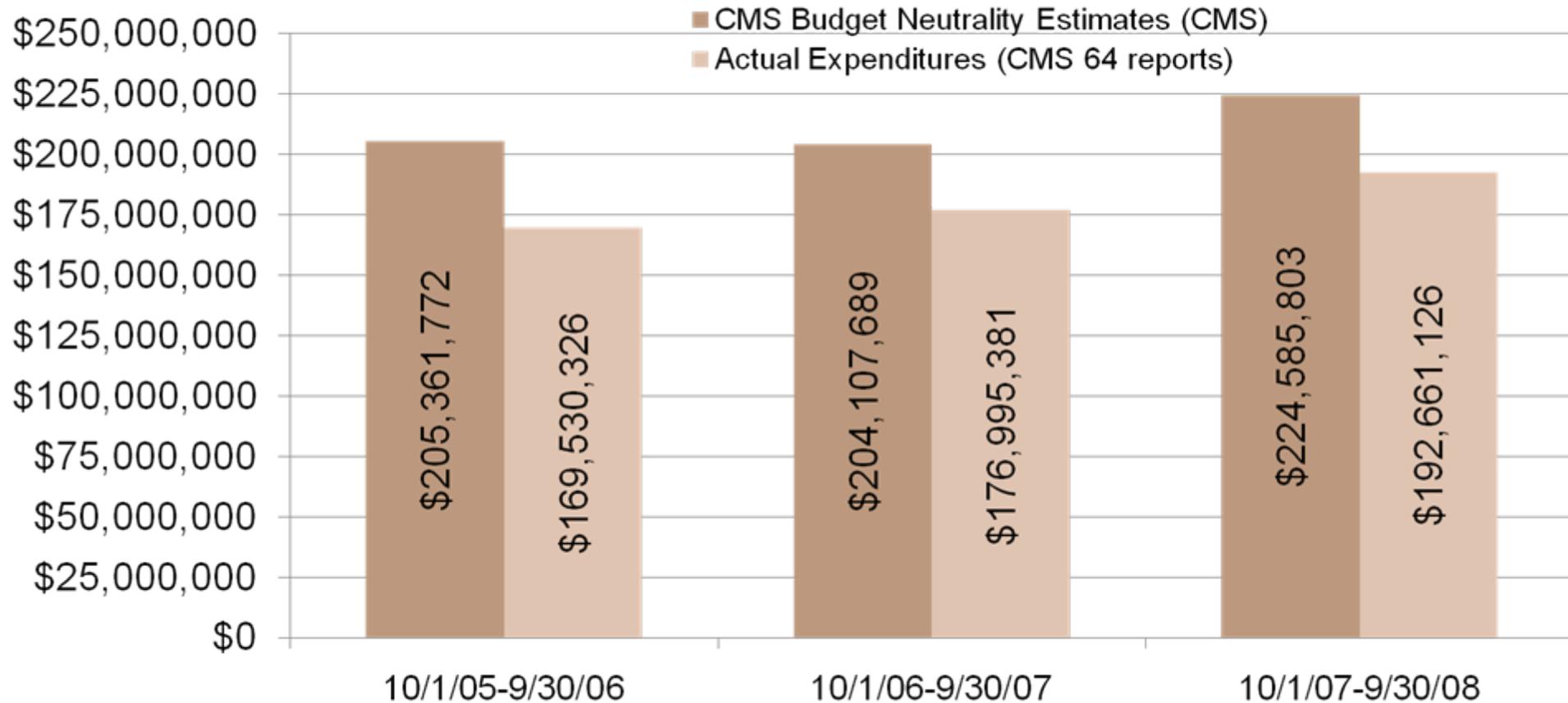
7. Budget Neutrality

- CFC has remained budget neutral thus far.
- Spending was within 1% of appropriation in each year
- Annual appropriations as a percentage of
- CMS-approved projections increased steadily across the three years--64%, 71%, and 84%.

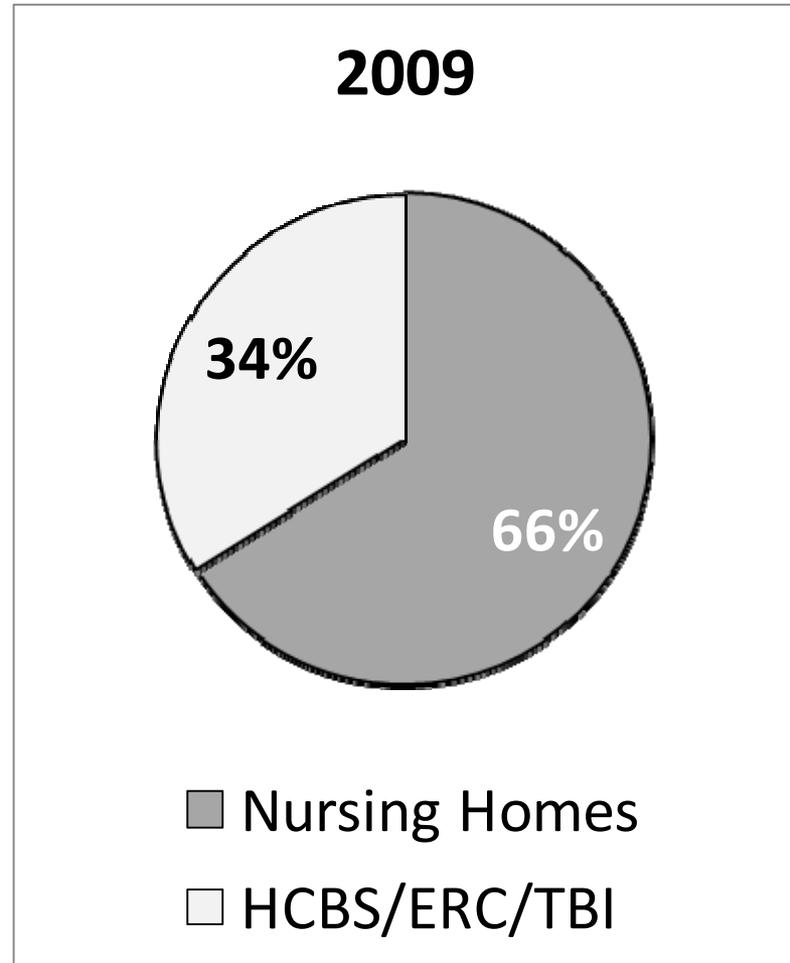
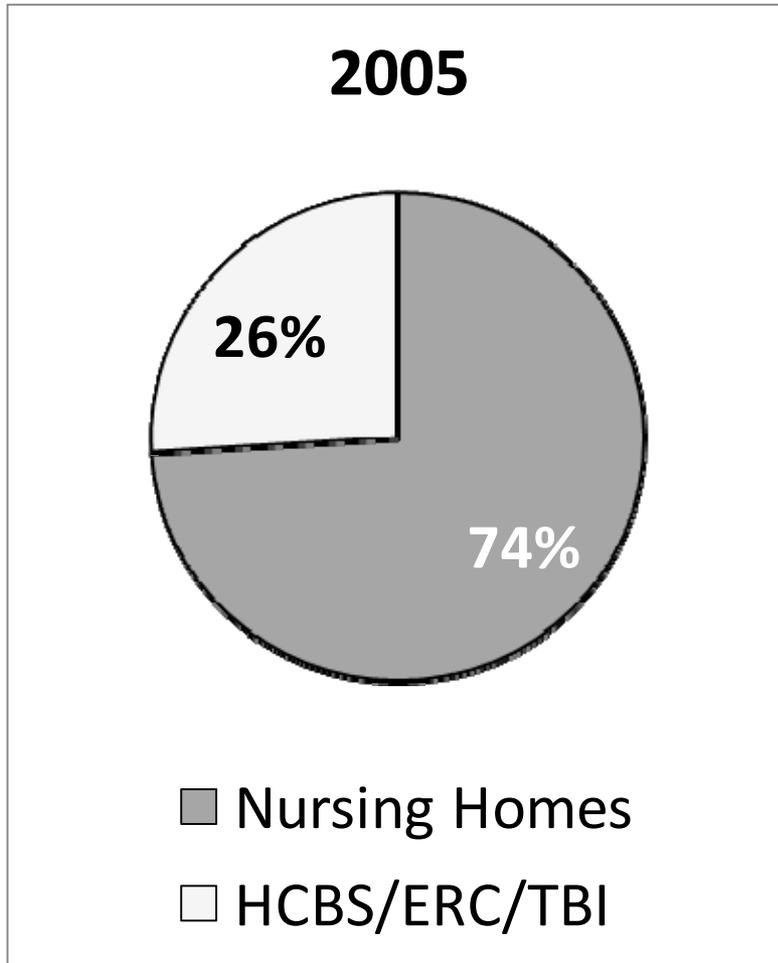
	FFY06	FFY07	FFY08
CMS Projections	\$205,361,772	\$204,107,689	\$224,585,803
	SFY06	SFY07	SFY08
Appropriations	\$141,783,616	\$147,512,534	\$ 189,793,638
Actual Spending	\$140,087,565	\$147,869,913	\$ 190,510,654

Budget Neutrality by Year

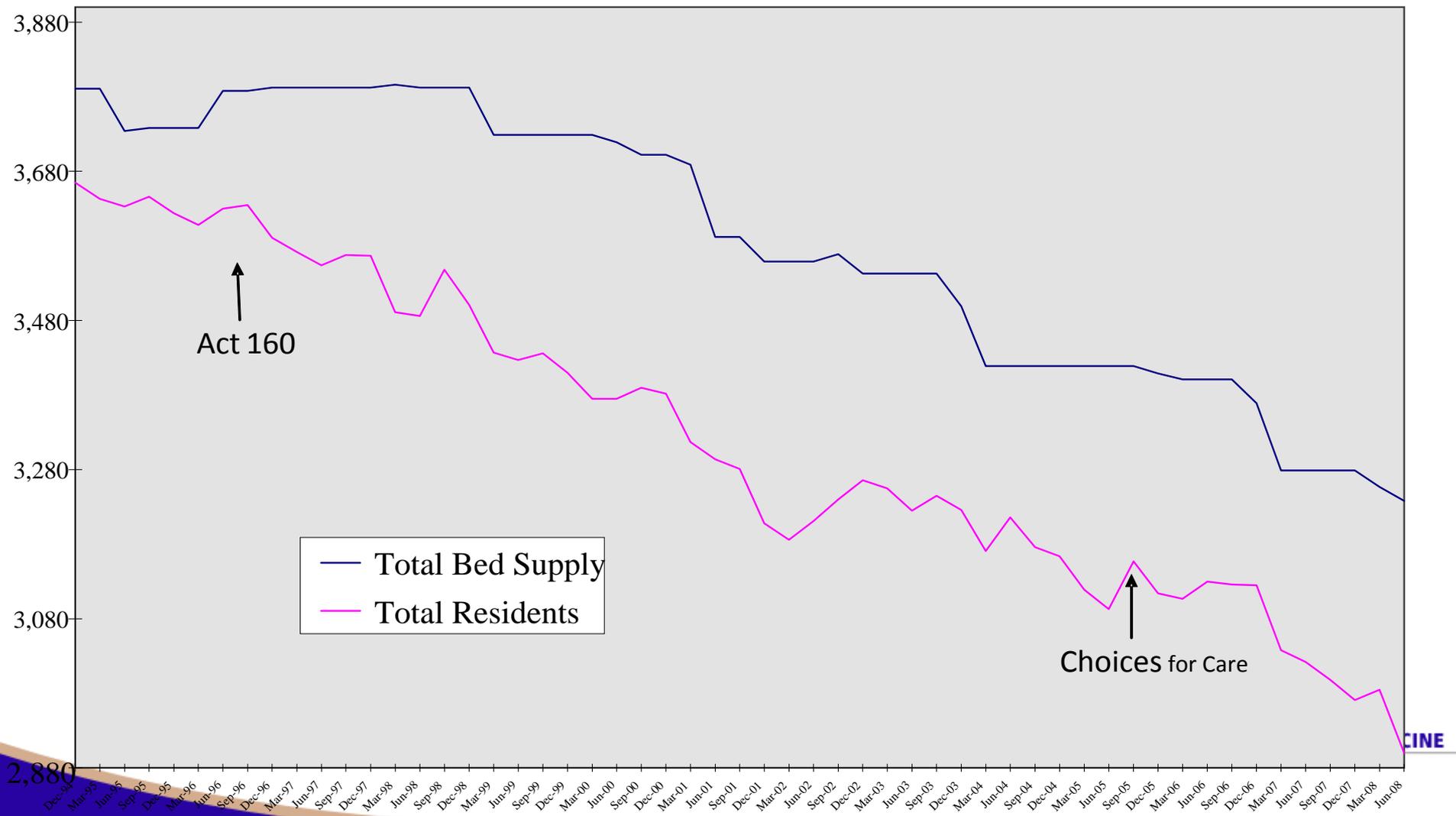
Choices for Care: Estimated Expenses Approved by CMS and Actual Expenditures, FY2006-FY2008 (data as of 8.3.09)



Shifting the Balance: CFC Spending 2005-2009



Vermont's Nursing Home Industry: Bed Supply and Occupied Beds December 1994 - June 2008



8. Public Awareness of LTC setting

- Legislature is starting to explore long-term care partnership to encourage purchasing of private long-term care insurance
- No data exists on general Vermont population's awareness of long-term care options
- CFC participants at hospital discharge reported receiving information on long-term care options (79% in year 2, 83% in year 3); almost all respondents reported being involved in decision-making at time of discharge (which may have been before or after enrollment into CFC)

9. Health Outcomes

- In year 3, when asked compared to others their age, good to excellent “general health” was reported by:
 - 65% of oldest (85+)CFC community-dwelling consumers
 - 51% of older “ “
 - 39% of younger “ “
- Reports of good to excellent “general health” was up in year 3 (51%), from 41% in year 2.

Overall Successes

- CFC has created new HCBS options and increased substantially the total number of HCBS and ERC participants since October 2005.
- Survey data showed high satisfaction with CFC services for each of the three years, with some observed improvements from year 1 to year 3.
- CFC has kept its spending within state appropriations limits (1%) and federal (budget neutrality) limits.

IV. Evaluator's Recommendations

- Strengthen options education to participants and providers to convey efficacy of various HCBS options.
- Incorporate CFC participants' personal goals, e.g., quality of life, into care planning
- Continue to monitor high needs applicant list, timeliness of eligibility, and services initiation
- Explore self-direction as a way to alleviate provider waiting lists for moderate needs

Recommendations (cont.)

- Ensure adequate cueing/supervision supports are available in HCBS settings, e.g., expansion of 24-hour care option
- Actively monitor ERC and NF residents' experiences with care, alongside those of HCBS
- Expand transition services (assistance to find housing, rental deposits) to help NF residents seeking to move back to community settings.
- Develop public awareness campaign, and collect data related to the public awareness outcome

V. Challenges Ahead

- Development of community-based 24-hour care options
- Provide capacity (agency and independent providers) in home-based setting
 - Rate reductions in year 4
- Incentives to “right size” regional nursing home capacity
- Debates over high needs applicant list and under-spending of annual CFC appropriations
- Legacy Medicaid eligibility and claims processing system
- New legislative oversight of CFC
- How allocate limited state resources to competing priorities

The Future...

- Renew Choices for Care (Oct 2010–Sep 2013)
- Discussions with DAIL Advisory Board:
 - specialized in-state capacity for people with Huntington's
 - 'Adult Foster Care'
 - HCBS 'case rates'
 - Self-direction for Moderate Needs participants
 - additional providers for personal care, respite, companion services
 - evidence-based approaches for people with chronic conditions



Questions or Comments

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