NCSL

State Strategies to Reduce Costs and Provide Quality Care for Older Adults and People with Disabilities

May 26, 2021

![NCSL - National Conference of State Legislatures]

- Long-Term Services and Supports: Comparable Data Across the States

- Highlighting State Action: Wisconsin and Washington

- Q&A / Discussion

Plan for Today's Webinar

www.LongTermScorecard.org

4th Edition

Released September 2020

Overall Ranking Highlights

    #1:   Minnesota

    #2:   Washington

    #3:   Wisconsin

How about your state?

Long-Term Services and Supports State Scorecard
2020 Edition

ADVANCING ACTION

A State Scorecard on Long-Term Services and Supports
for Older Adults, People with Physical Disabilities,
and Family Caregivers

AARP Public Policy Institute   longtermscorecard.org

Susan Reinhard, Ari Houser, Kathleen Ujvari, Claudio Gualtieri, Rodney Harrell, Paul Lingamfelter, Julia Alexis

AARP Foundation   The Commonwealth Fund   SCAN

HIGH-PERFORMING LTSS SYSTEM

Five dimensions of LTSS performance, constructed from 26 individual indicators.

AFFORDABILITY AND ACCESS

1. Nursing Home Cost
2. Home Care Cost
3. Long-Term Care Insurance
4. Low-Income PWD with Medicaid
5. PWD with Medicaid LTSS
6. ADRC/NWD Functions

CHOICE OF SETTING AND PROVIDER

1. Medicaid LTSS Balance: Spending
2. Medicaid LTSS Balance: Users
3. Self-Direction
4. Home Health Aide Supply
5. Assisted Living Supply
6. Adult Day Services Supply
7. Subsidized Housing Opportunities

QUALITY OF LIFE AND QUALITY OF CARE

1. PWD Rate of Employment
2. Nursing Home Residents with Pressure Sores
3. Nursing Home Antipsychotic Use
4. HCBS Quality Benchmarking

SUPPORT FOR FAMILY CAREGIVERS*

1. Supporting Working Family Caregivers
2. Person- and Family-Centered Care
3. Nurse Delegation and Scope of Practice
4. Transportation Policies

EFFECTIVE TRANSITIONS

1. Nursing Home Residents with Low Care Needs
2. Home Health Hospital Admissions
3. Nursing Home Hospital Admissions
4. Burdensome Transitions
5. Successful Discharge to Community

ADRC/NWD - Aging and Disability Resource Center/No Wrong Door
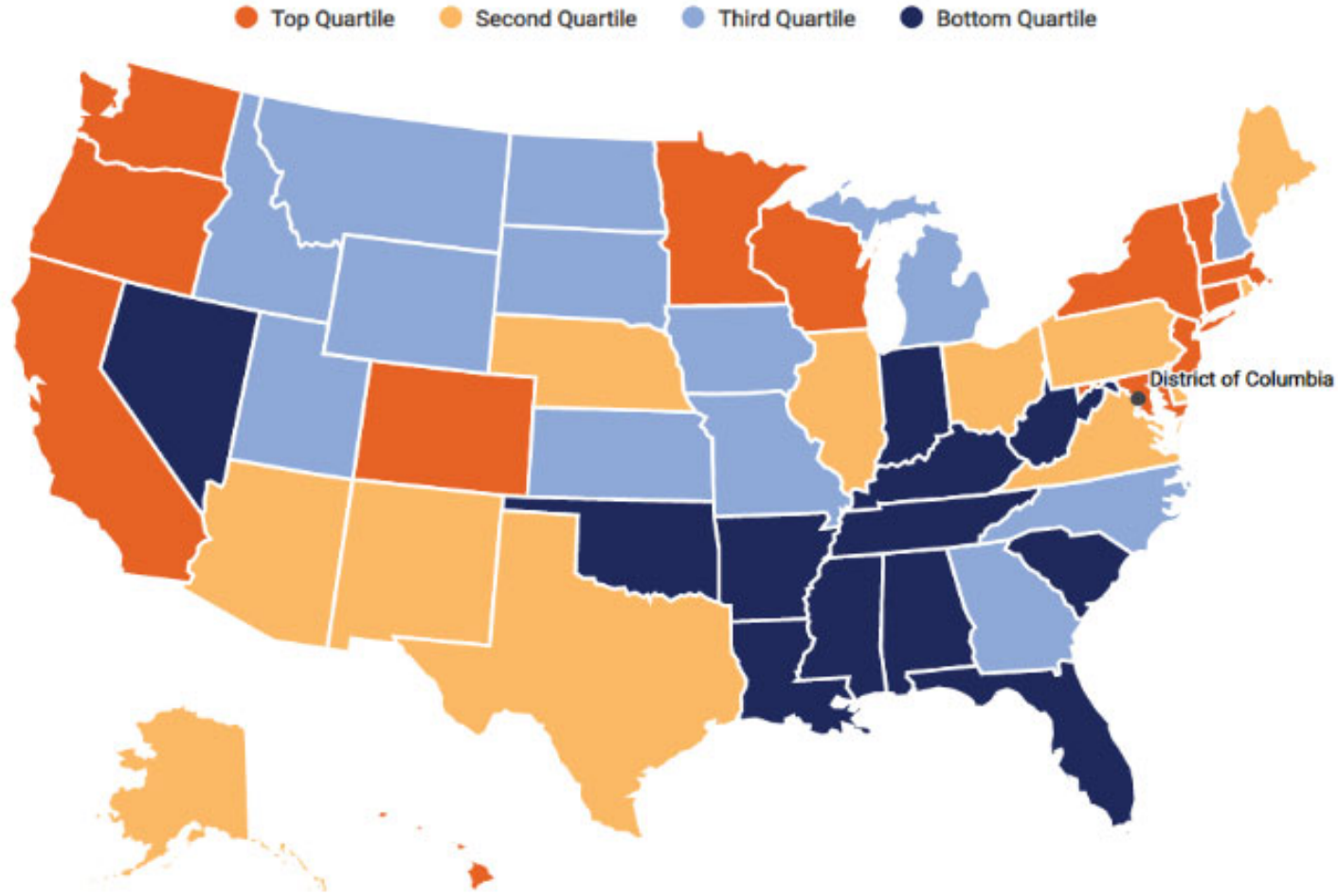HCBS - Home- and Community-Based Services
LTSS - Long-Term Services and Supports
PWD - People with Disabilities
*Support for Family Caregivers Dimension evaluated across 12 individual policies, which are grouped into four broad categories.

Source: Long-Term Services and Supports State Scorecard, 2020.

Overall State Ranking, 2020

Legend: Top Quartile, Second Quartile, Third Quartile, Bottom Quartile

Key Reflections and Considerations

- High performance possible via care transformation

  - Consider leveraging <u>Medicaid home- and community-based services flexibilities</u> and <u>funding</u>

  - Consider creating a <u>Master Plan for Aging</u>

- Better data needed to evaluate quality

  - Consider adopting National Committee for Quality Assurance measures for <u>person-reported outcomes</u> and <u>LTSS</u>

Our Vision:

A society where older adults can access health and supportive services of their choosing to meet their needs.

Our Mission:

To advance a coordinated and easily navigated system of high -quality services for older adults that preserve dignity and independence.

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Agenda

- History of Wisconsin's Medicaid long-term care (LTC)
- Key Components of the Wisconsin Model
- Ensuring Quality in home and community based services (HCBS)
- Outcomes
- Answers to your questions

History of HCBS in Wisconsin

1981: State-funded Community Options Program

1983: Community Integration Program waiver for developmentally disabled

1985: Community Options Program waiver for elders and physically disabled

1995: Waiver for brain-injured

1995: Concerns about access, complexity and institutional bias

1996-1998: Stakeholder process involving hundreds of consumers, family members, providers, and advocates

1995: Proposed a new Medicaid managed long-term care model

2000: First contract with 5 county-based MCOs serving about 2,200 former waiver participants

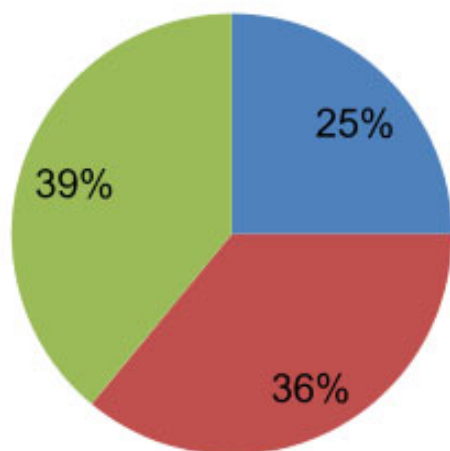2004: Awarded CMS Systems Change Grant

2005: Independent assessment finds that FC is cost effective by focus on prevention and less reliance on institutional care
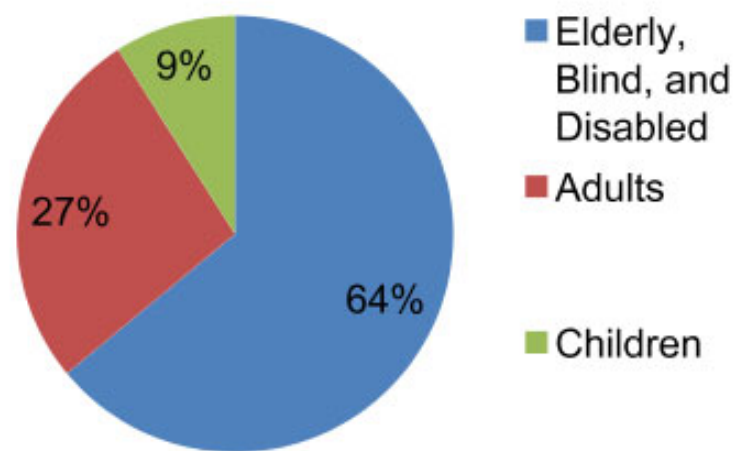
2006-18: Remaining counties added

2021: Full entitlement!

Wisconsin Medicaid: Current State

Caseload by eligibility group

General Purpose Revenue (GPR) by eligibility group

- Elderly, Blind, and Disabled
- Adults
- Children

Key Components of the Wisconsin Model

- Robust Aging & Disability Resource Center (ADRC) of option and enrollment counseling.
- Counties that converted to State System no longer contributed to HCBS costs, county contribution frozen at 22% or 2006 levels.
- 3 years after conversion to State System, counties guaranteed entitlement.
- Person-centered HCBS for elderly, physically disabled and Intellectually and developmentally disabled.

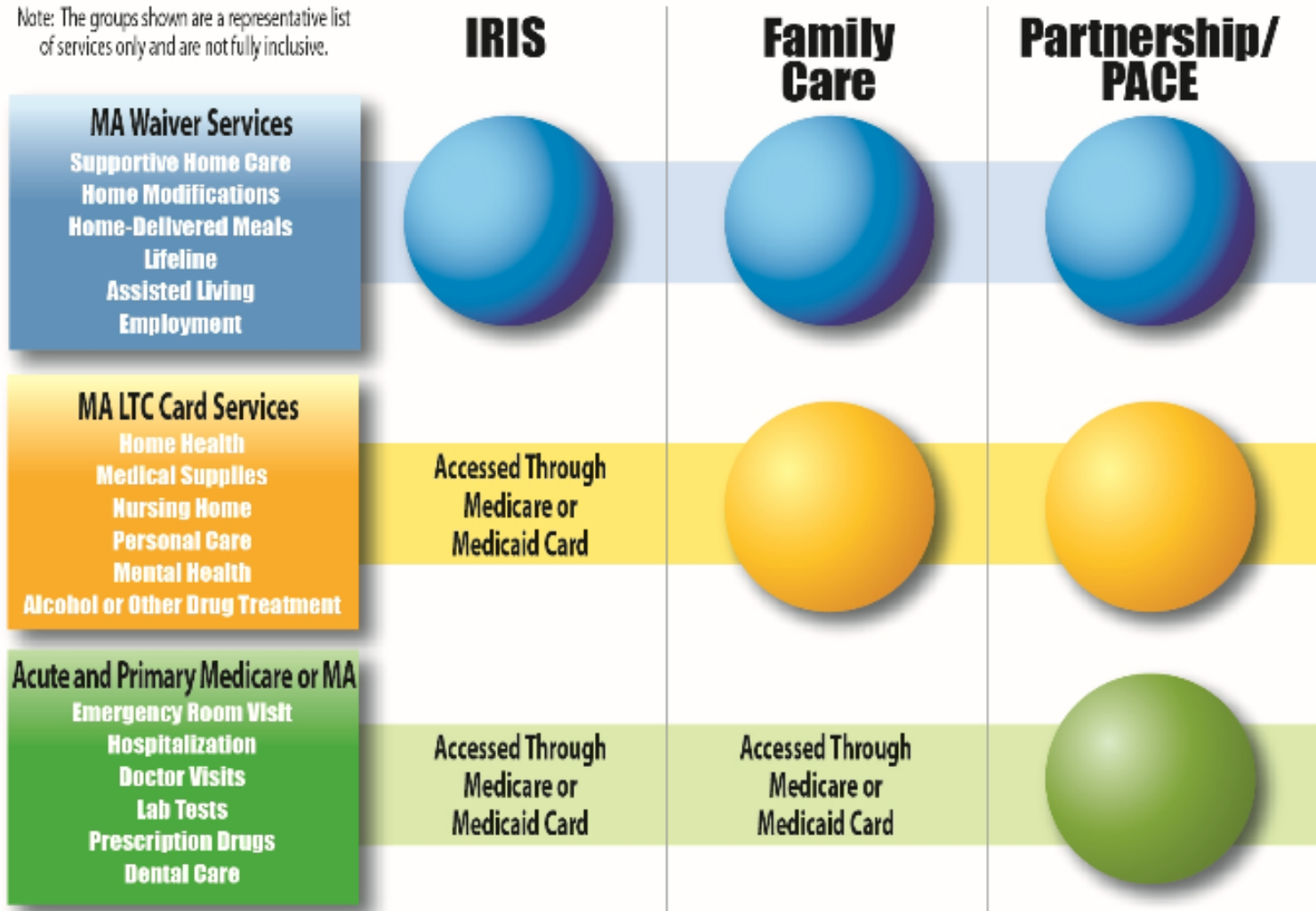# Key Components of the Wisconsin Model (cont.)

- Robust RFP and certification process for selection of MCOs.
- Knowledgeable Managed care organizations that focus on providing home and community based services.
- Comprehensive HCBS services including assisted living and 41 other services.
- Commitment to reinvest savings to serve more people and reach entitlement.

Key Components of the Wisconsin Model (cont.)

- Strong state organizational support structure including a division of long term care, member quality specialists, and contract monitors.
- Stakeholder buy-in with numerous engagement opportunities and a strong collaborative Secretary appointed Long Term Care Council.

Examples of Wisconsin's LTC Program Services

Note: The groups shown are a representative list of services only and are not fully inclusive.

	IRIS	Family Care	Partnership/ PACE
MA Waiver Services Supportive Home Care Home Modifications Home-Delivered Meals Lifeline Assisted Living Employment	🔵	🔵	🔵
MA LTC Card Services Home Health Medical Supplies Nursing Home Personal Care Mental Health Alcohol or Other Drug Treatment	Accessed Through Medicare or Medicaid Card	🟡	🟡
Acute and Primary Medicare or MA Emergency Room Visit Hospitalization Doctor Visits Lab Tests Prescription Drugs Dental Care	Accessed Through Medicare or Medicaid Card	Accessed Through Medicare or Medicaid Card	🟢

8

6/2014

Medicaid HCBS Services

- Adaptive Aids
- Adult Day Care Services
- Adult Residential Care-1-2 bed Adult Family Homes
- Adult Residential Care-3-4 Adult Family Homes
- Adult Residential Care-Community-Based Residential Facilities
- Adult Residential Care-Residential Care Apartment Complexes
- Assistive Technology/ Communication Aid
- Care Management
- Community Transportation 2*
- Consultative Clinical & Therapeutic Services for Caregivers
- Consumer Directed Supports Broker

- Consumer Education & Training
- Counseling & Therapeutic Resources
- Environmental Accessibility Adaptations (home modifications)
- Financial Management Services
- Fiscal Employment Agent Services*
- Daily Living Skills Training
- Day Habilitation Services
- Home Delivered Meals
- Home Modification*
- Housing Counseling
- Individual Directed Goods & Services*
- Interpreter Services*
- IRIS Consultant Services*
- Live-in Caregiver*
- Nursing Services*
- Personal Emergency Response System

Medicaid HCBS Services (continued)

- Prevocational Services
- Relocation Services
- Residential Services – Other*
- Respite
- Self-Directed Personal Care
- Skilled Nursing Services RN/LPN
- Specialized Medical Equipment & Supplies
- Support Broker Services*
- Supported Employment – Individual Employment Support
- Supported Employment – Small Group Employment Support
- Supportive Home Care
- Training Services for Unpaid Caregivers
- Transportation – Community Transportation
- Transportation – Other Transportation
- Vehicle Modifications*
- Vocational Futures Planning & Support

Total Cost and Enrollment

Population By Program Jan 2021

Family Care	50,467	65.7%
PACE	468	0.6%
Partnership	3,699	4.8%
IRIS	22,218	28.9%
Total	**76,852**	**100.0%**

Cost By Program SFY21

Family Care	2,190,310,767
PACE Partnership	216,185,115
IRIS	803,568,214
Total	**3,210,064,096**

Population By Group Jan 2021

DD	33,726	43.9%
FE	24,900	32.4%
PD	18,226	23.7%
Total	**76,852**	**100.0%**

% State GPR *41.5%*

2019 average annual cost per FE Long-Term Care enrollee

Type of Residence	Annual average cost per enrollee
Home	$21,538
Residential	$44,713
Nursing Home	$57,384
AVERAGE COST PER ENROLLEE	**$40,603**

FE individuals in Nursing Homes, FFS vs Waiver
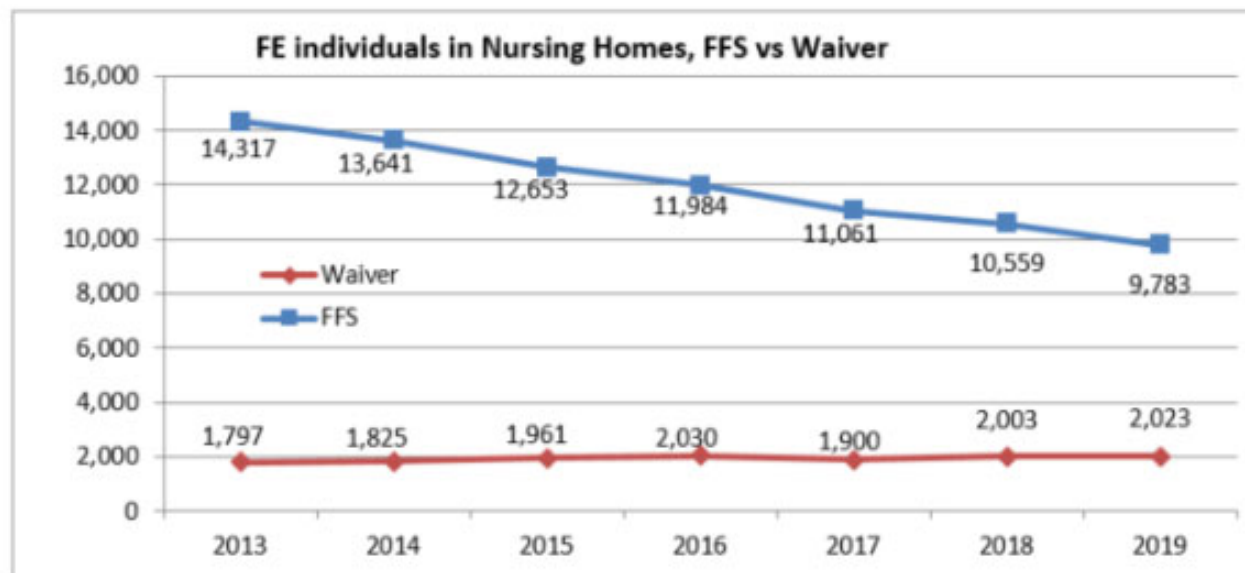
Average Frail Elderly (FE) LTC enrollees per day

Type of Residence	Number of FE Enrollees			% of all FE Enrollees		
	2013	2017	2019	2013	2017	2019
Home	11,352	11,575	12,324	32.8%	35.2%	37.29%
Residential	7,191	8,332	8,918	20.7%	25.4%	26.96%
Nursing Home	16,113	12,960	11,806	46.5%	39.4%	35.72%
TOTAL	34.656	32,867	33,048			

Average number of FE individuals in settings, 2013-2019
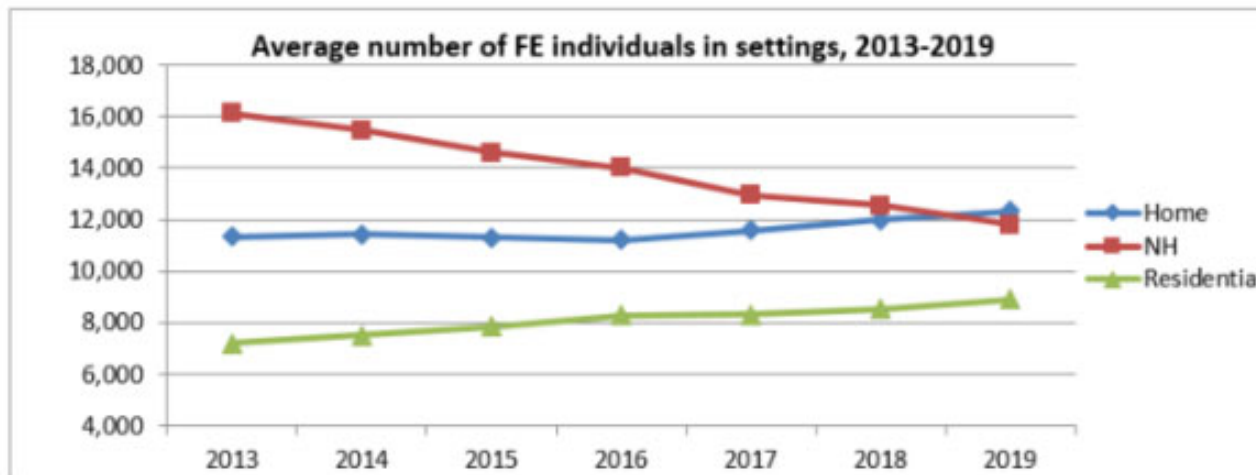
Quality in HCBS
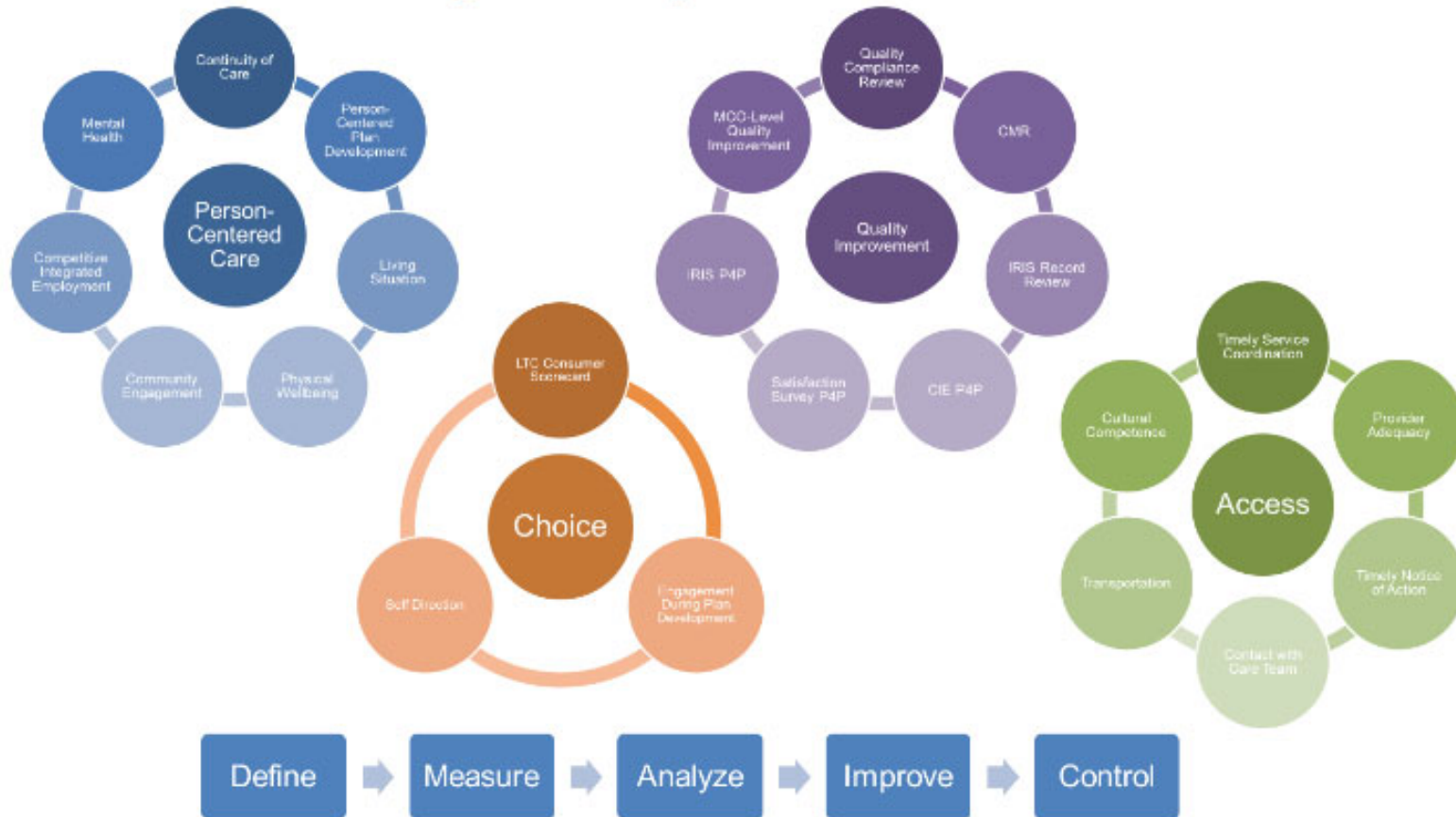
Quality Strategy for People in Long Term Care
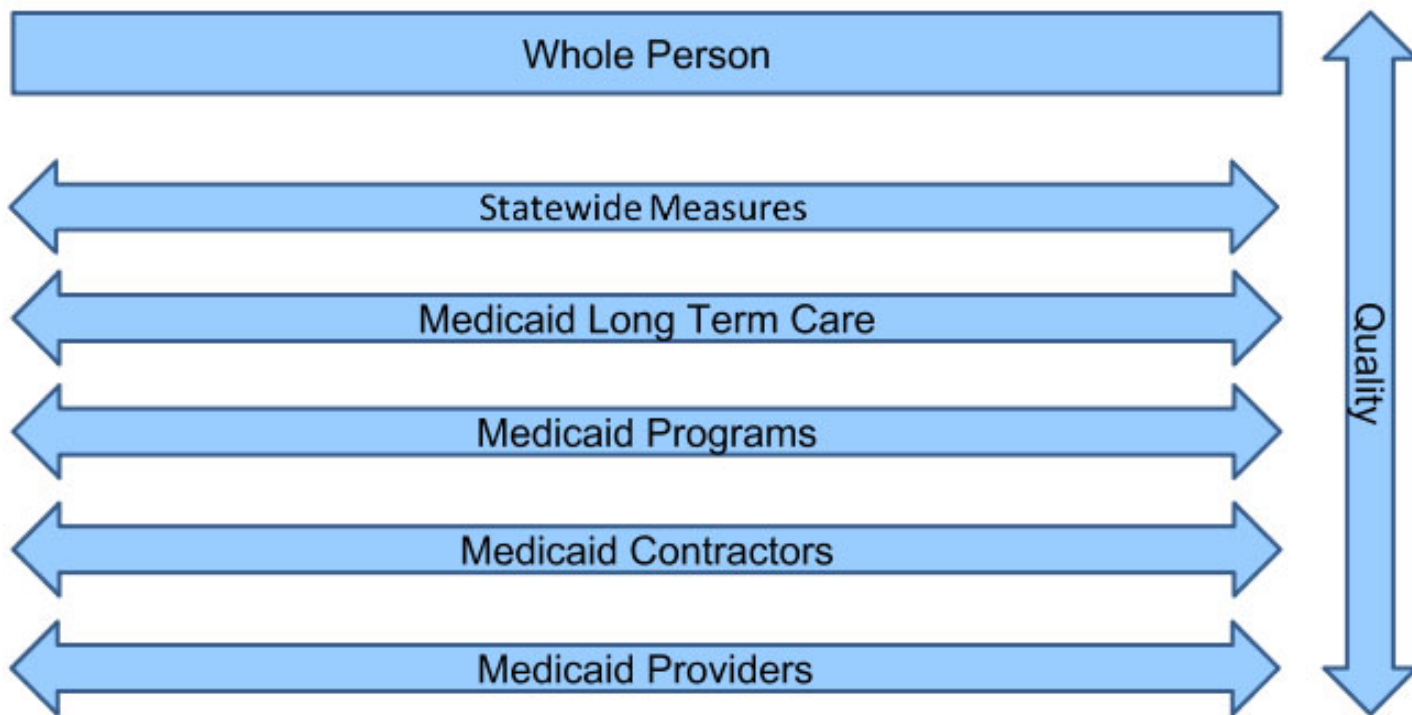
Statewide and Medicaid Long Term Care (LTC) Measures

- AARP LTC scorecard
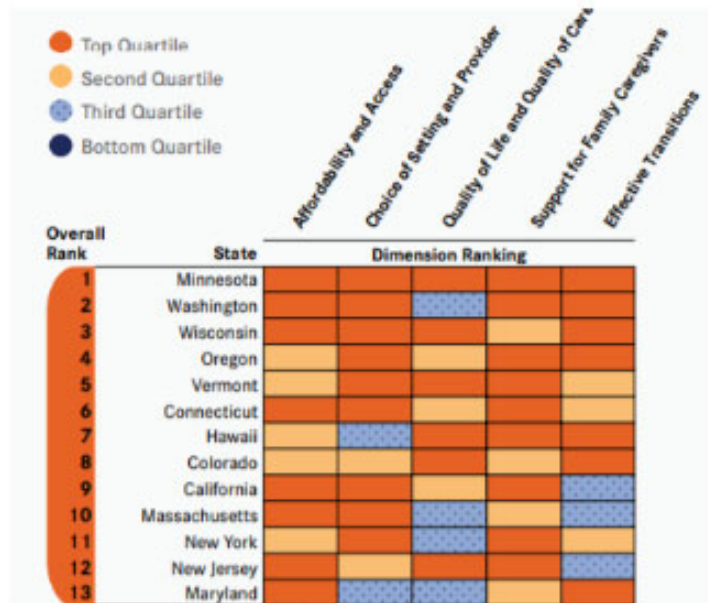- National core indicators (NCIs) for intellectual or developmental disabilities (I/DD)
- NCIs for elderly and those that are physically disabled
- Satisfaction Survey
- Wisconsin LTC scorecard
- Pay for Performance (P4P)

2020 Long Term Care Scorecard

National Core Indicators

- Wisconsin participated in the two National Core Indicator Quality Measurement Programs:
  - In Person Survey (IPS) - includes people with intellectual and developmental disability (IDD)
  - Aging and Disability Survey (AD) - includes people with physical disabilities and older adults (age 65+)

  <u>This is data directly capturing the members experience!</u>

States collecting NCI Quality Data
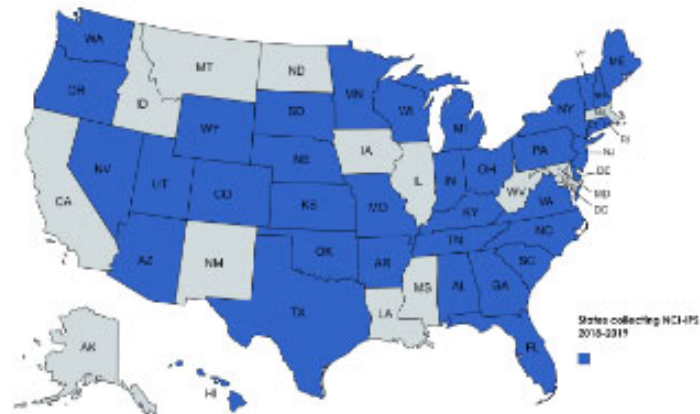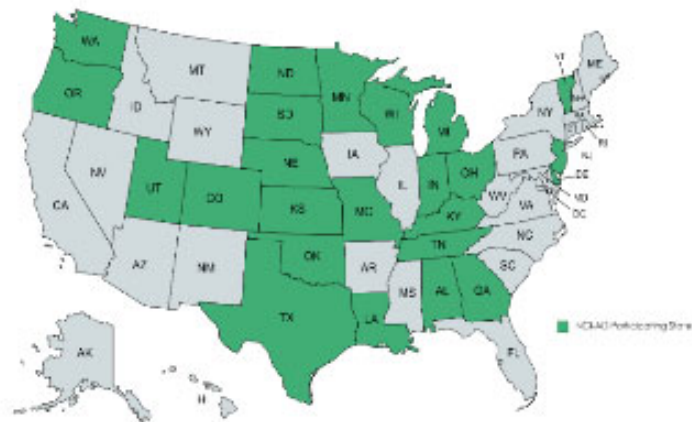
How we use
NCI-AD and IPS

- Team analyzes data, reviews trends, creates briefing documents
- Brief Division of Medicaid Services leadership
- Incorporate changes into strategic plan
- Presentation to:
  - Long Term Care Advisory Council
  - IRIS Advisory Council
  - LTC Advocates Meeting

Independent Satisfaction Survey

- Captures consumer satisfaction with their Managed Care Organization, IRIS Consultant Agency, and/or Fiscal Employer Agent
- Results are statistically valid by program and target group
- Developed in partnership with UW Survey Center
- First survey took place in 2018

% who like their MCO/ICA/FEA overall		
MCOs	ICAs	FEAs
84.9%	92.7%	86.9%

Systemic Benchmarking and Improvement

Wisconsin LTC Scorecard

		2015	2016	2017	Progress
Access					
1.1	Percentage of eligible adults on waiting list for long-term care programs	3.4%	2.6%	2.1%	✔
1.2	Percentage of total LTSS Medicaid funding spent on the care and support of enrollees in Home and Community-Based Services Waiver (HCBS Waivers)—adults	72.8%	75.0%	76.9%	✔
Choice of Settings and Providers					
2.1	Percentage of eligible Medicaid people enrolled in HCBS Waivers—adults	80.2%	81.7%	83.4%	✔

Pay for Performance Initiatives

2018	2019	2020	2021
Satisfaction Survey	Satisfaction Survey	Satisfaction Survey	Satisfaction Survey
	Competitive Integrated Employment	*CIE P4P suspended due to COVID-19	Competitive Integrated Employment
	Assisted Living Communities	Assisted Living Communities	Assisted Living Communities

State Infrastructure

§ Member Quality Specialists
§ Contract Monitors
§ Quality Management and Analytics Team
§ Policy team
§ External Quality Review Organization
§ Talented engaged state staff

Consumer Options Score Card

Family Care	MCO 1	MCO 2	MCO 3
MEMBER SURVEY			
Overall Satisfaction	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐
Care Team Responsiveness	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐
Care Team Quality of Communication	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
QUALITY & COMPLIANCE			
Meeting Quality Standards	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐
Rights and Protections	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐
Quality and Timely Services	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐
Grievance System	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐
CARE TEAM CHARACTERISTICS			
Care Manager Turnover	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
Nurse Turnover	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐
Care Manager to Member Ratio	1:42	1:40	1:36
Nurse to Member Ratio	1:84	1:80	1:72
ADDITIONAL INFORMATION			
MCO Website	www.MCO.com	www.MCO.com	www.MCO.com
Email	N/A	MCO@MCO.com	MCO@MCO.com
Address of Closest Office	123 MCO Way Suite 123 Madison, WI 12345	124 MCO Way Suite 123 Madison, WI 12345	125 MCO Way Suite 123 Madison, WI 12345
Phone	000-000-0000	000-000-0000	000-000-0000
Provider Directory	www.directory.com	www.directory.com	www.directory.com
Number of Counties the MCO Serves	#	#	#
Type of Agency (For profit or not for profit)	Not for profit / For profit	Not for profit / For profit	Not for profit / For profit

Results from the Wisconsin Experience

Results of WI LTC Model

- In 2000, 49% of WI long term care population was in the community. In 2015, 80.2% live in the community. In 2017, 83.4% live in the community.

- In 1998 there were 11,000 individuals on the waitlist. In July 2018 Family Care and IRIS are statewide. In February 2021 Wisconsin was at full entitlement.

- In 2015, at 65%, WI ranked 10th in nation for Medicaid HCBS expenditures as a percent of all long term care expenditures. In 2018, WI moved to 4th at 75.3%.

- In 2018, WI ranked 5th for Medicaid LTSS expenditures as a percentage of total Medicaid expenditures (49%)

- In the AARP LTSS 2017 Scorecard Wisconsin ranked 6th overall in the nation and received the Pace Setter award for choice of setting and provider. In 2020 Wisconsin ranked 3rd overall in the nation.

Long-Term Services and Supports State Scorecard 2020 Edition – WI (3rd)

- Ranked #2 - Quality of Life & Quality of Care
- Ranked #2 – Number of people self-directing
- Ranked #3 - HCBS quality cross-state benchmarking
- Ranked #5 - ADRC/No Wrong Door Functions
- Ranked #7 – Assisted living units per 1,000 pop 75+
- Ranked #8 - % long Stay Nursing Home residents
- Ranked #8 – Transportation polices
- Ranked #8 – NH resident appropriate antipsychotic medication

Contact

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Assistant Administrator

Benefits and Service Delivery

Division of Medicaid Services

Wisconsin Department of Health Services

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608-261-7810

Revitalizing HCBS Rebalancing

Aging and Long-Term Support Administration
Washington State Department of Social and Health Services

Transforming
Lives

Washington State
Department of Social
& Health Services

Transforming lives

Vision

Seniors and people with disabilities living in good health, independence, dignity and control over decisions that affect their lives.

Mission

To transform lives by promoting choice, independence and safety through innovative services.

Values

Collaboration, Respect, Accountability, Compassion, Honesty and Integrity, Pursuit of Excellence, Open Communication, Diversity and Inclusion, Commitment to Service

Serving approximately **77,000 Individuals in Medicaid LTSS** per year.

Washington's LTSS Reforms
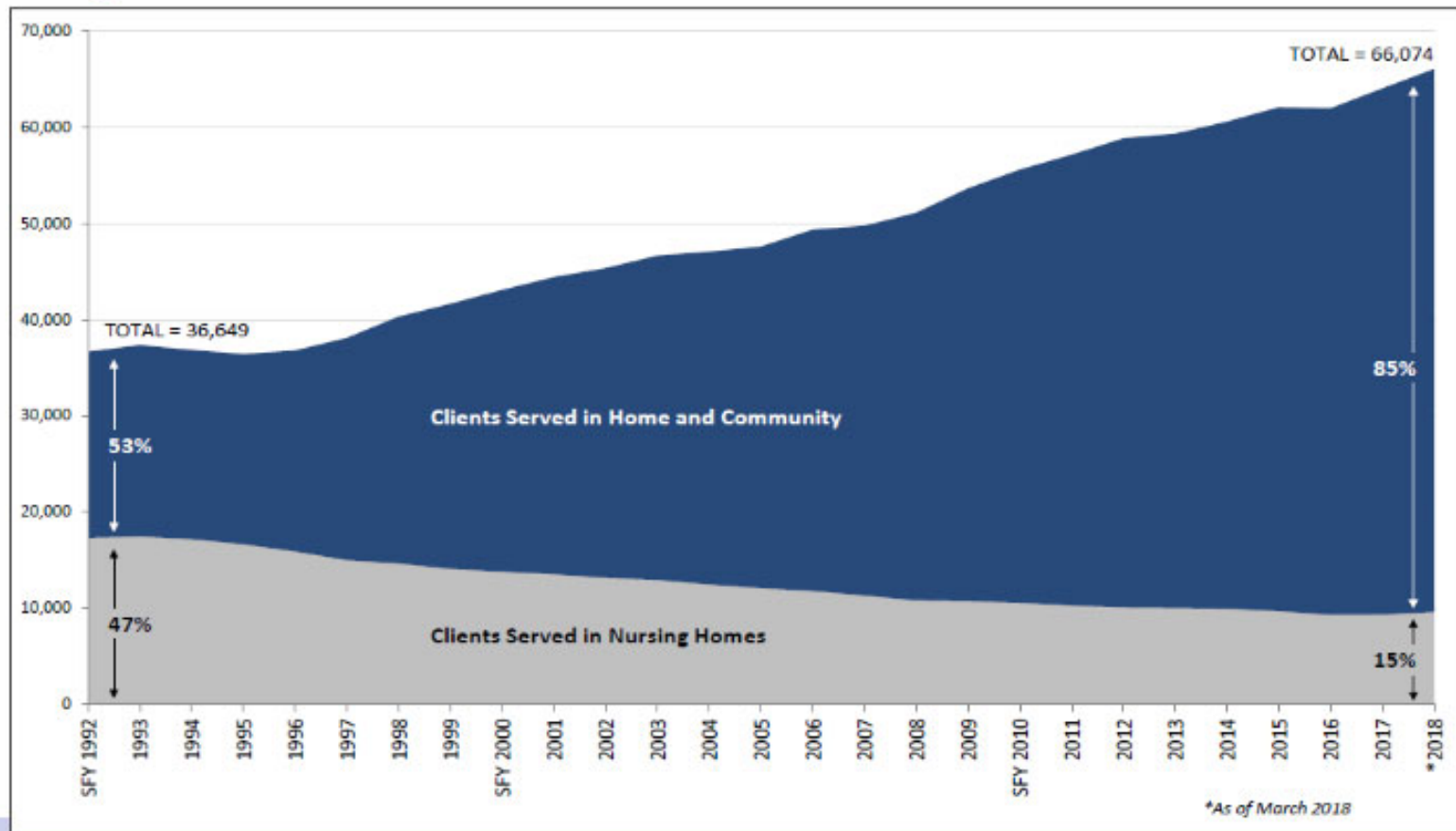
Washington State Department of Social and Health Services

How Have We Accomplished Rebalancing?

- Sustained effort
- Values
- Performance metrics and strategic plan
- Use of federal authorities and budget forecasting
- Staff with specialized roles
- Resource development
- Statute changes to support HCBS
- Statute changes/appropriations to reduce SNF capacity
- Certificate of Need
- Housing
- Presumptive Eligibility

Strategic Objectives

Strategic Objective 1.1: Serve individuals in their homes or in community-based settings.

- Success Measure 1.1.1: Increase the percentage of LTSS clients served in home- and community-based settings from 86.3% in June 2019 to 86.5% by June 2021.

Progress Toward Strategic Objective 1.1

June 2021 Target = 86.5%

84.9%	85.3%	85.8%	86.5%	88.5%
SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020

Strategic Objectives

**Strategic Objective 2.2:
Support people to transition
from nursing homes to care
in their homes or
communities.**

- Success Measure 2.2.1: Increase
  the quarterly average of nursing
  facility to community setting
  transitions from 950 in June
  2019 to 1,110 by June 2021.

Progress Toward Strategic Objective 2.2

June 2021 Target = 1,110

◄ ANNUAL | QUARTERLY ►

CY 2016	CY 2017	CY 2018	CY 2019	2020 Jan-Mar	Apr-Jun	Jul-Sep
947	974	981	981	976	823	742

Nursing Facility Transition Monthly Reporting

May 2019: NFCM Transition Report
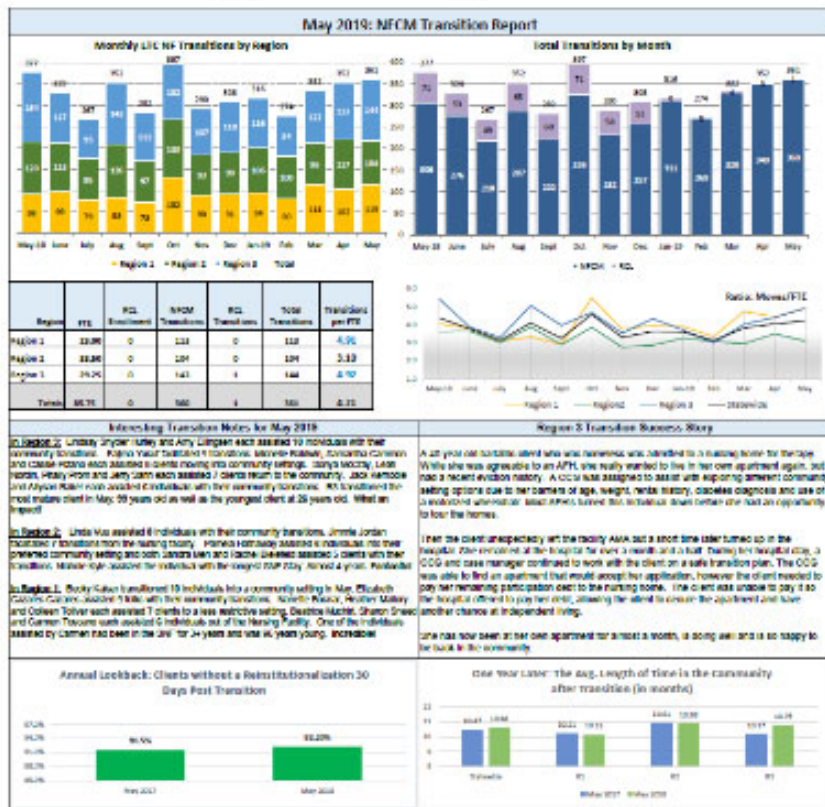
- Monthly nursing facility case management transition report shows month-to-month transitions, broken down by region and transition type.

- It provides success stories and transition notes for regional staff and leaders involved in transitions.

HCS Programs Overview

Medicaid State Plan
- "Entitlement"
- Mandatory & optional services
- Statewide
- No cap and no targets
- ~81% of the ALTSA budget

- Nursing Home
- Community First Choice
- Medicaid Personal Care
- PACE

Medicaid Waiver
- Optional Services
- Not an "entitlement"
- Can be capped/targeted
- ~3% of the ALTSA budget

- COPES
- Residential Support
- New Freedom
- Medicaid Transformation

Other
- State Only
- Federal Only
- ~4% of budget

- Family Caregiver Support
- Senior Citizens Services Act
- Older Americans Act

Washington State Department of Social and Health Services

Strategies for Supporting Caregivers

State and Older Americans Act

- Caregiver Assessment & Services for Unpaid Caregivers
- Kinship Caregiver Navigators and Services
- Use of evidence-based models

Medicaid Services

- Allow family caregivers to be paid in Medicaid programs
- Allow family caregivers to administer medications and provide skilled services
- Allow nurse delegation
- Paid training
- Provide care coordination and transition supports

Statutes Supporting Caregivers

- CARE Act & Family Care Act
- Paid Family Medical Leave Act
- Long-Term Care Trust Act

Washington State Department of Social and Health Services

Who is the Self-Directed Workforce?

They are hired by Medicaid clients to assist with personal care needs.

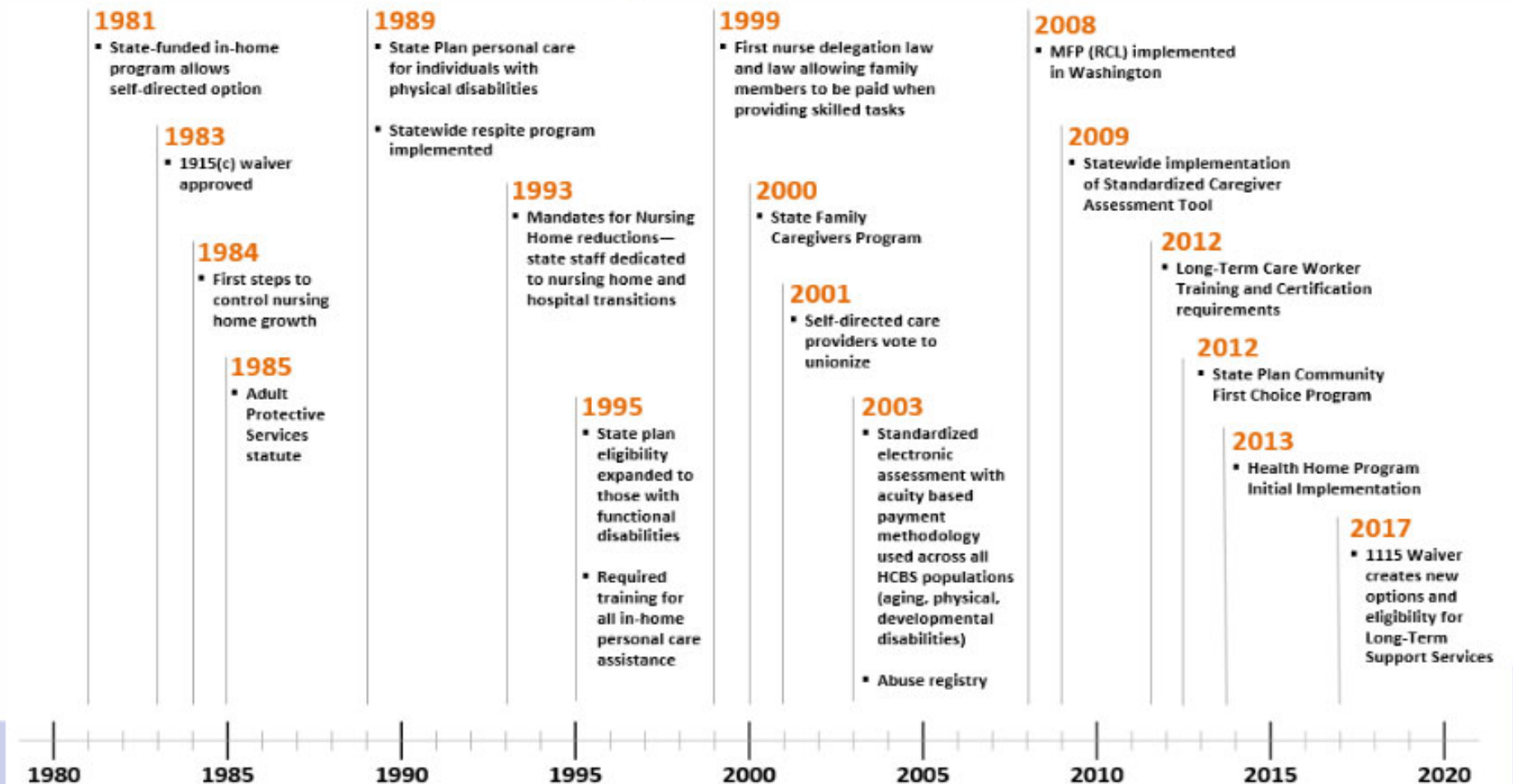They are contracted by the state as personal care workers.

There are **46,000** individual providers in Washington state.

About **70%** of them are related to the person they serve.

Timeline of Rebalancing Innovations

1981
- State-funded in-home program allows self-directed option

1983
- 1915(c) waiver approved

1984
- First steps to control nursing home growth

1985
- Adult Protective Services statute

1989
- State Plan personal care for individuals with physical disabilities
- Statewide respite program implemented

1993
- Mandates for Nursing Home reductions— state staff dedicated to nursing home and hospital transitions

1995
- State plan eligibility expanded to those with functional disabilities
- Required training for all in-home personal care assistance

1999
- First nurse delegation law and law allowing family members to be paid when providing skilled tasks

2000
- State Family Caregivers Program

2001
- Self-directed care providers vote to unionize

2003
- Standardized electronic assessment with acuity based payment methodology used across all HCBS populations (aging, physical, developmental disabilities)
- Abuse registry

2008
- MFP (RCL) implemented in Washington

2009
- Statewide implementation of Standardized Caregiver Assessment Tool

2012
- Long-Term Care Worker Training and Certification requirements

2012
- State Plan Community First Choice Program

2013
- Health Home Program Initial Implementation

2017
- 1115 Waiver creates new options and eligibility for Long-Term Support Services

| 1980 | 1985 | 1990 | 1995 | 2000 | 2005 | 2010 | 2015 | 2020 |

Reductions in Nursing Facility Capacity

SFY 2016
Peak Providers: 224

SFY 2020
Peak Providers: 214

SFY 2025 (Projected)
Peak Providers: 202

Incentives to Reduce Nursing Facility Capacity

- Nursing facilities can "bank" bed capacity for future use. By doing so, they can avoid going through the Certificate of Need process.

- Nursing facilities can receive incentives by converting to assisted living facilities.

Nursing Facility Certificate of Need

- If state has 40 or more countable nursing home beds per 1,000 people aged 70 and above, nursing home bed need is considered "met."

- If below estimated bed need, Certificate of Need process requires Dept. of Health to determine need for nursing home beds, based on other services in planned area, such as:
  - Assisted living and other residential care settings
  - Hospice, home health and home care
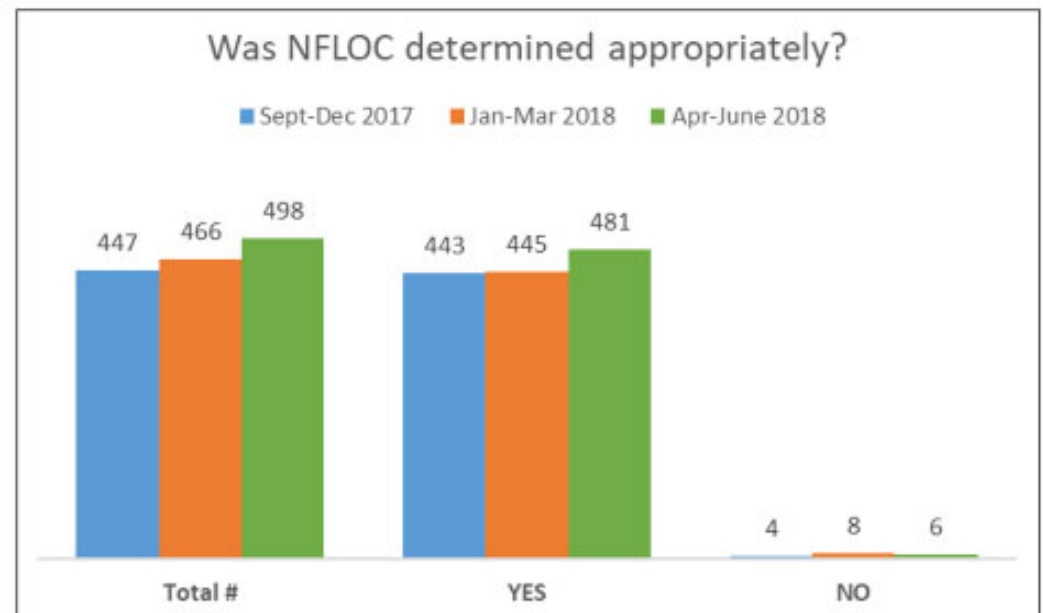
Housing Supports

We support clients by:

- Partnering with housing authorities
- Supplying housing vouchers and rental subsidies
- Partnering with landlords and housing developers
- Providing supportive housing services through 1115 waiver
- Paying for community transitions, environmental modifications

Streamlined Eligibility & Diversion Activities

- Presumptive eligibility in 1115 waiver proved to be successful

- Providing family caregiver supports

- Targeting at-risk populations

Was NFLOC determined appropriately?

■ Sept-Dec 2017   ■ Jan-Mar 2018   ■ Apr-June 2018

	Total #	YES	NO
Sept-Dec 2017	447	443	4
Jan-Mar 2018	466	445	8
Apr-June 2018	498	481	6

Supporting Family Caregivers

At DSHS, we work to transform lives by promoting choice, independence and safety through innovative services.

Unpaid Caregivers Shoulder the Burden

There are over 850,000 unpaid caregivers in Washington State.

The work of these unpaid caregivers is valued at $10.6 billion per year.

If 1/5 stopped providing care, it would double the cost of Medicaid LTSS.

Washington Supports Family Caregivers

Providing supports to unpaid caregivers

Paying caregivers through Medicaid

Washington's History of Supporting Unpaid Caregivers

- **1989:** State Respite Care Services
- **2000:** State Family Caregiver Support Program
- **2001:** Title IIIE OAA, National FCSP
- **2007/2008**: Increased funding, mandate for evidence-based caregiver assessment, statewide survey (BRFSS)
- **2009:** Family Caregiver-TCARE® Assessment
- **2012-13:** State Family Caregiver Support expansion
- **2014**: State Family Caregiver evaluation
- **2017:** Federal 1115 Medicaid Demonstration Waiver to provide family caregiving support services

Strategies for Supporting Caregivers

State and Older Americans Act –Support of Unpaid Caregivers

- Caregiver Assessment & Services for Unpaid Caregivers
- Kinship Caregiver Navigators and Services
- Use of evidence-based models

Medicaid Services – Support for Paid Caregivers

- Allow family caregivers to be paid in Medicaid programs
- Allow family caregivers to administer medications and provide skilled services
- Allow nurse delegation
- Paid training
- Provide care coordination and transition supports

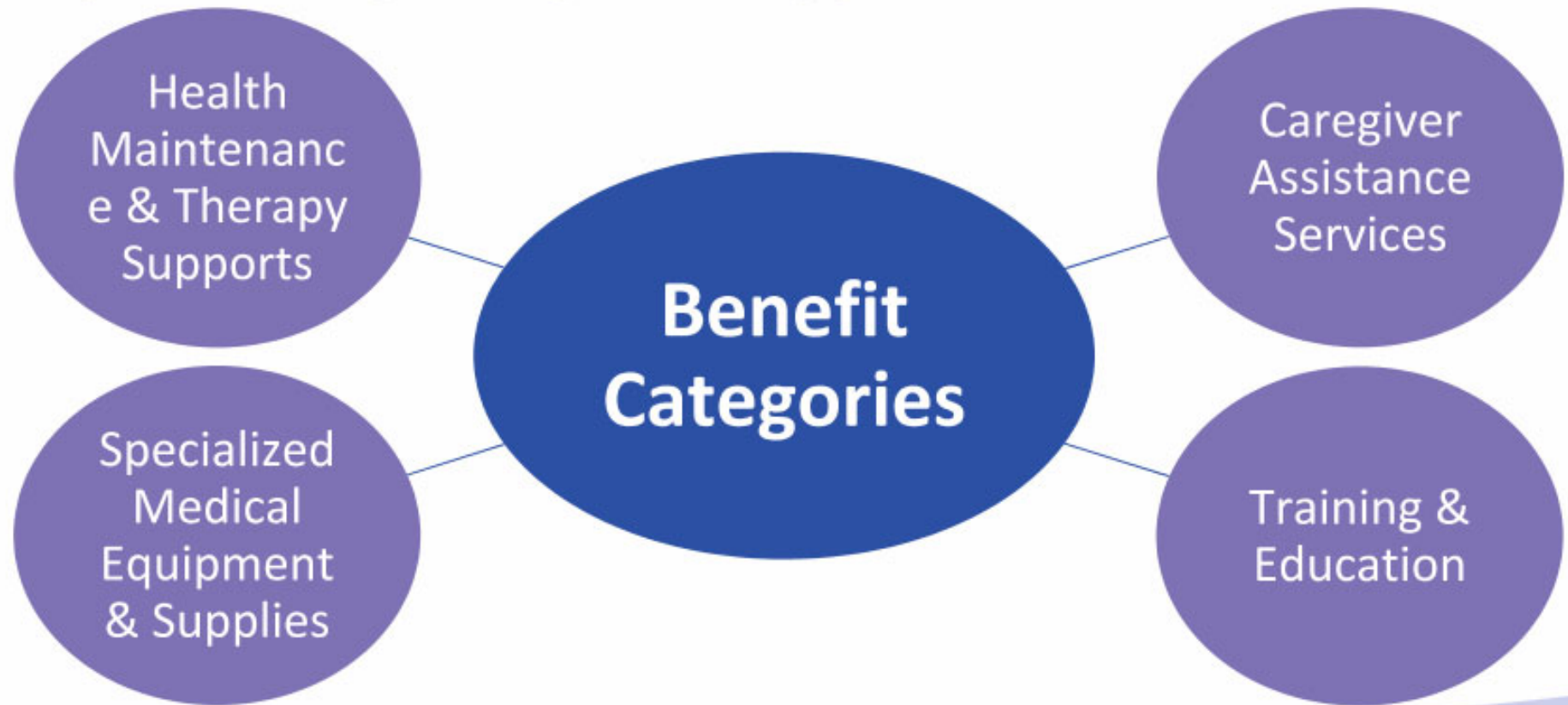## Statutes Supporting Caregivers

- CARE Act & Family Care Act
- Paid Family Medical Leave Act
- Long-Term Care Trust Act

Evidence-Based Assessment

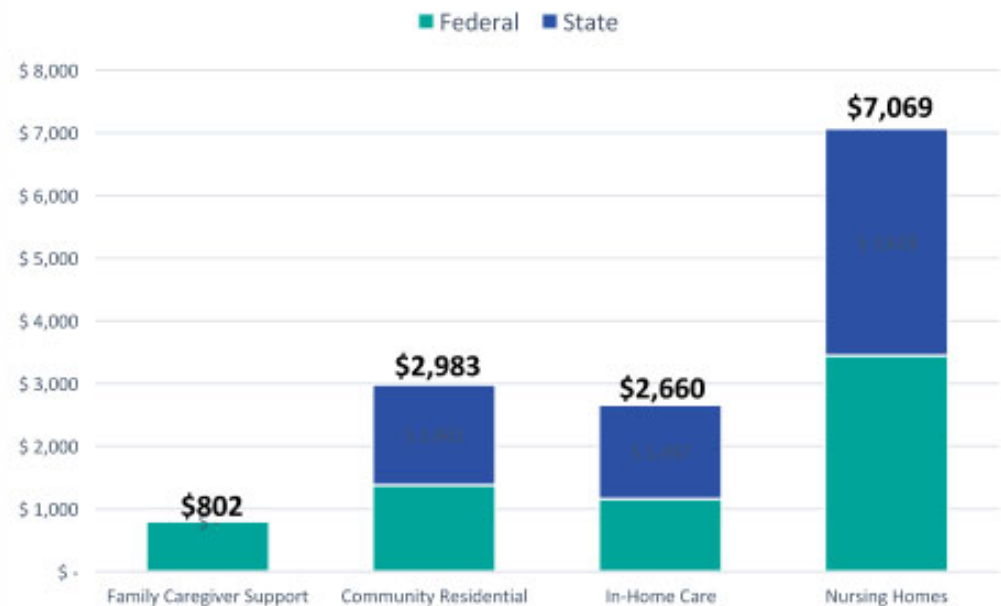The model for TCARE is to provide the right service at the right time.

Unpaid Family Caregivers Support Services

Benefit Categories

Health Maintenance & Therapy Supports

Specialized Medical Equipment & Supplies

Caregiver Assistance Services

Training & Education

Washington State Department of Social and Health Services

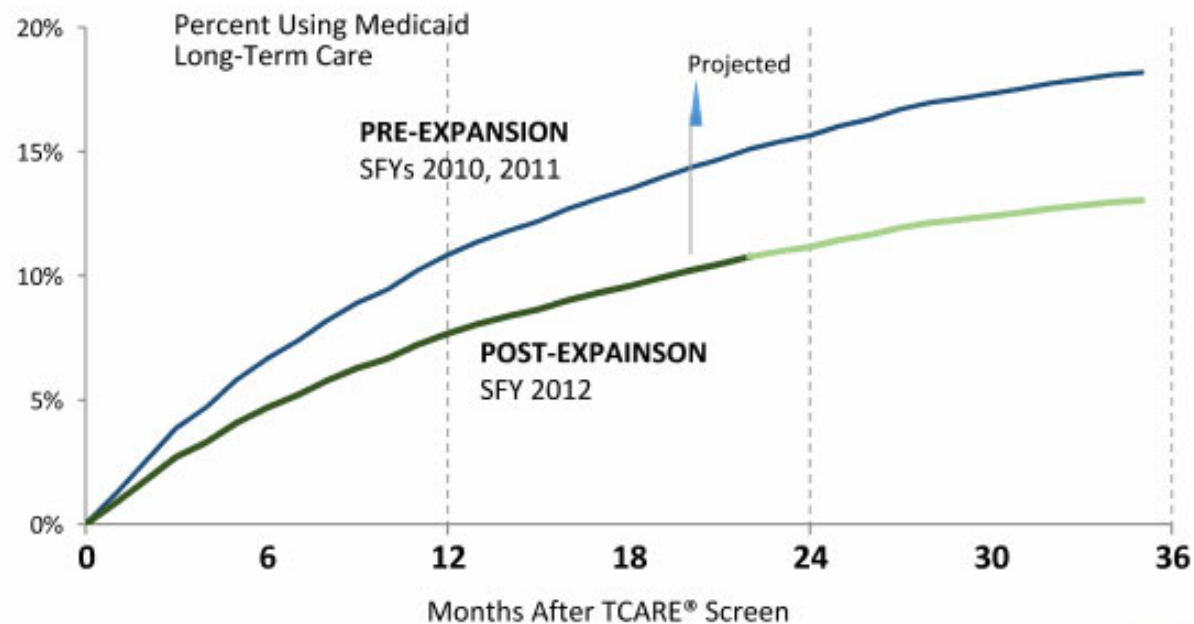# Family Caregiver Support Services

Family caregiver support services are a low-cost option compared to traditional Medicaid long-term services and supports.

Monthly Per Capita Costs – Medicaid LTSS Projected SFY 2021

■ Federal ■ State

Family Caregiver Support	$802
Community Residential	$2,983
In-Home Care	$2,660
Nursing Homes	$7,069

Impact of Family Caregiver Supports

Time from TCARE® Screen until First Use of Medicaid Long-Term Care
Pre- and Post-Expansion, Controlling for Baseline Differences

12 months after expanding our Family Caregiver Support Program, clients were 20% less likely to use Medicaid long-term care compared to pre-expansion

Outcomes for Family Caregivers

Over a 6-month period, caregivers who receive ongoing support show statistically significant improvements in:

- Stress burden
- Relationship burden
- Objective burden
- Depression
- Comfort with caregiving role

Spousal caregivers also show a decreased "intention to place."

84%

of caregivers show a significant improvements on key outcomes