Trends and Best Practices in Community-Based Long Term Services and Supports

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Professor of Medicine
Center on Aging

Agency on Aging of South Central Connecticut
Board of Directors Annual Meeting
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Overview

• UConn Center on Aging
  – Evaluation & Population Assessment Core
• Demographic Trends
• Rebalancing Initiatives
• Standardized Assessment & Quality Measures
• My Place CT
UConn Center on Aging

Mission

• Clinical care: To provide high quality comprehensive care for older adults
• Education: To train the next generation of leaders in geriatric medicine and gerontology
• Research: To conduct research which will improve the independence, function, and quality of life of older adults

UConn Center on Aging Evaluation and Population Assessment Core

• Design and implement evaluation research and quality management to determine and improve the effectiveness of public policies and programs for older adults, people with disabilities, their families, and their service providers at the state and national level

• Professor Julie Robison, Director
• Faculty collaborators: Richard Fortinsky & Lisa Barry
UConn Center on Aging
Evaluation and Population Assessment Core

Team Members:
• Martha Porter
• Deb Migneault
• Doreek Charles
• Kate Kellett
• Kristin Baker
• Alis Ohlheiser
• Dorothy Wakefield
• Noreen Shugrue
• Eleanor Miller
• Alba Santiago
• Therence James
• Christine Bailey
• Kaleigh Ligus
• Azucena Minaya
• Sarah Driscoll
• Alexandra DePalma
• Bonnie Sutherland
• Wendy Thibeault
• Lisa Parenteau

Partners
• CT state agencies (DSS, DMHAS, DDS, DPH, ADS: SUA/LTCOP….)
• Federal agencies (CMS, ACL, NIH)
• Connecticut state legislature
• Rhode Island EOHHS
• Municipalities in CT and Massachusetts
• Non-profit service providers and advocacy organizations
• Collaborating investigators at academic and other institutions
Long Term Services & Supports (LTSS)

Entire range of assistance, services, or devices provided over an extended period of time to meet medical, personal, and social needs in a variety of settings and locations

Includes both Home and Community-Based Services (HCBS) and Institutional Care

Center on Aging
Past & Present LTSS Research

• Long-Term Care Needs Assessment (2008)
  – Surveyed over 10,000 CT residents, 1000 providers, literature review, key informant interviews

• Evaluation of CT LTSS Rebalancing Initiatives (2008-present)
  – Money Follows the Person, Community First Choice, Balancing Incentive Payment (BIP)
  – HCBS CAHPS Surveys – CT Medicaid waivers
  – MFP Family Caregiver Surveys
Demographic Trends

Aging & Disability in Connecticut

Connecticut ~ An Aging State

Connecticut is the 6th oldest state in the Nation

Median age – 40.9 years old

And getting older....
CT Aging Demographics

Population Growth Rate

Chart produced in partnership by Connecticut's Legislative Commission on Aging and the Connecticut Data Collaborative.

CT Aging Demographics

Percent of People Age 65 or Older as a Percent of the Total Population

Maps created by Connecticut's Legislative Commission on Aging, in partnership with the Connecticut State Data Center.
CT Aging Demographics
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CT Aging Demographics
Percent of People Age 65 or Older as a Percent of the Total Population

Data on Disability in CT
Percentage of Adults 18+ with Disabilities in Connecticut

Data on Disability in CT

Percentage of Disability by Age in Connecticut

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Disability</th>
<th>18-24</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65-69</th>
<th>70-74</th>
<th>75+</th>
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<tbody>
<tr>
<td></td>
<td>With a disability</td>
<td>17.5%</td>
<td>11.0%</td>
<td>15.0%</td>
<td>15.2%</td>
<td>21.9%</td>
<td>24.8%</td>
<td>24.5%</td>
<td>26.6%</td>
<td>22.2%</td>
<td>17.3%</td>
<td>18.9%</td>
<td>14.7%</td>
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<tr>
<td></td>
<td>With a significant disability</td>
<td>13.9%</td>
<td>9.4%</td>
<td>13.9%</td>
<td>14.6%</td>
<td>19.3%</td>
<td>18.4%</td>
<td>18.5%</td>
<td>18.9%</td>
<td>15.5%</td>
<td>14.9%</td>
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<tr>
<td></td>
<td>Upper body limitation</td>
<td>9.8%</td>
<td>6.4%</td>
<td>9.8%</td>
<td>9.8%</td>
<td>10.0%</td>
<td>10.0%</td>
<td>11.1%</td>
<td>11.1%</td>
<td>9.9%</td>
<td>9.9%</td>
<td>10.0%</td>
<td>9.9%</td>
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<tr>
<td></td>
<td>With a mental disability</td>
<td>6.0%</td>
<td>4.0%</td>
<td>6.0%</td>
<td>5.0%</td>
<td>6.0%</td>
<td>5.0%</td>
<td>10.7%</td>
<td>10.7%</td>
<td>1.0%</td>
<td>0.7%</td>
<td>0.7%</td>
<td>0.7%</td>
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<tr>
<td></td>
<td>Use cane/crutches/walker</td>
<td>0.3%</td>
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<tr>
<td></td>
<td>Use wheelchair</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0.3%</td>
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CT Rebalancing Initiatives
Institutional Bias

The LTSS system has been out of balance...

National Medicaid HCBS as a Percentage of Total Medicaid LTSS Expenditures, FY 1995-2016

Source: IBM Watson Health: Medicaid Expenditures for Long-Term Services and Supports in FY 2016, May, 2018
Medicaid Long-Term Care Demand Projections: Town-by-Town Data

- To provide local context for how LTSS need is shifting over time, Mercer Human Services Consulting updated projections of LTSS supply and demand for nursing home (NH) services, home and community-based services (HCBS) and associated workforce.
- DSS Medicaid initiatives, including MFP, have significantly increased the proportion of Medicaid-funded HCBS in CT's LTSS system.
- Governor Lamont proposed, and the legislature adopted, new initiatives that are anticipated to support increased use of HCBS.
- Incorporating these initiatives into modeling, Mercer projects that CT will increase the utilization of home care in Medicaid from the 2017 level of 67.6% to 82.3% by 2040 and reduce demand for NH care by nearly 6,000 beds from 2017 to 2040.

https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Long-Term-Care-Demand-Projections/Medicaid-Long-Term-Care-Demand-Projections
CT Initiatives to Support LTSS Rebalancing

Money Follows the Person (MFP)
- 46 states & DC transitioning individuals out of institutions (>5,600 in CT)
- Improved quality of life, cost savings, reduced family stress

Community First Choice (CFC)
- Medicaid State Plan amendment offers personal care assistance with self-direction model (almost 3,000 people in CT)

My Place CT (www.myplacect.org)
- Virtual No Wrong Door for LTSS information and services

My Care Options (December 2019)
- Governor's new initiative to provide LTSS options information and assistance to people in institutions, targeting with data analytics

Standardized Assessment & Quality Measures
2008 LTC Needs Assessment
Findings Led to Guiding Principles:

1. Create parity among age groups, across disabilities, and among programs.
   • Allocate funds equitably based on level of need... not simply age or type of disability

2. Break down silos that exist within and among state agencies and programs.

Connecticut Landscape

CT HCBS Programs

• 11 Medicaid waivers
  – 7 Operated directly by Medicaid agency
  – 3 Operated by the DD agency
  – 1 operated by Mental Health Agency
  – 1 with state funded components

• Two HCBS State Plan Options
  – 1915i effective 2012 (Older adults at risk of NF LoC)
  – 1915k effective 2015 (Community First Choice)
Connecticut’s Universal Assessment

- The CT Universal Assessment was designed to:
  - standardize assessments across HCBS programs
  - improve reliability of assessments
  - reduce redundancy of multiple assessments
  - ensure equitable distribution of funds across LTSS populations

- Algorithm using clinical data determines level of care for eligibility and develops level of need groupings

- Additional Goal: Use of UA data to inform program quality improvement

CT Universal Assessment: Background

- Universal Assessment Stakeholder Workgroup Established - all affected state agencies and all populations represented.

  - Workgroup reviewed, analyzed and ranked standardized tools, including national and those used in other states

  - Stakeholders reviewed existing CT functional assessment tools across multiple domains (ADL, IADLs, Cognition, Behavior, etc.) and identified standard questions, definitions and process.
CT Universal Assessment: Background

- Workgroup chose InterRAI Home Care (HC) tool as base for the CT assessment

- State specific question added to InterRAI HC
  - Care planning: risks, equipment needs, support instructions
  - Person centered: preferences, strengths, challenges
  - ASSIST tool: drug and alcohol use
  - Restraints and seclusions CMS required data
  - HCBS final rule required settings questions

CT’s Universal Assessment Tool

After the universal assessment has been finalized by the assessor, the system displays two important outcomes.

<table>
<thead>
<tr>
<th>Level of Care (LOC) Determination</th>
<th>Level of Need (LON) Score</th>
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</table>

LOC: The system tells the assessor whether the consumer meets level of care, and which level of care the consumer meets. Types of LOC: Nursing Facility, Sub-Acute, ICF-IID, Chronic Disease

LON: Algorithm computes a LON need score from 1-8 (1 - lowest need, 8 -highest). DSS sets budgets for each LON grouping.
CT’s Universal Assessment Tool

Next Steps: Use UA data to inform quality improvement

- Quality Improvement focusing on 5 key areas:
  - Community Integration
  - Social Determinants of Health
  - Choice and Control in Health Decisions
  - Assistive Technology
  - Self-Direction

- Predictive modeling of key areas (e.g., reinstitutionalization, ED utilization). Utilize both Medicaid utilization data as well as UA data to inform.

Standardized Quality Measures
CAHPS Surveys

CAHPS: Consumer Assessment of Healthcare Providers and Systems

- Agency for Healthcare Research & Quality (AHRQ) program; began 1995
- Surveys that ask consumers and patients to report on and evaluate their experiences with health plans, providers, and health care facilities

**NEW:** HCBS CAHPS survey

HCBS participant experience of care

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HCBS CAHPS Goals

- Consistent measurement across HCBS programs to monitor quality and facilitate reporting to DSS and CMS
- Establish Performance Benchmarks for Case Management Agencies to reward quality services
- Inform CMS Waiver Performance Measures
HCBS CAHPS Domains

- Planning Your Time and Activities
- Staff are Reliable and Helpful
- Staff Listen and Communicate Well
- Case Manager is Helpful*
- Choosing the Services that Matter to You*
- Transportation to Medical Appointments
- Personal Safety and Respect*
- Unmet Needs
- Global Ratings and Recommendations for Case Managers*

*Performance Benchmarks for CM Agencies
All Domains inform CMS Waiver Performance Measures

HCBS CAHPS Strengths

- Cross-disability consumer experience survey
- Allows for comparisons across different HCBS populations
  - Older adults, physical disability, developmental disability, brain injury, serious mental illness
- Designed to be as accessible to as many people with disabilities as possible, including those with cognitive disability
- Person-centered survey development -- Items and domains address priorities identified by beneficiaries during the formative research stage
HCBS CAHPS Testing and Implementation

- 2014-2017 TEFT grant: 9 states
  - UConn Center on Aging conducted two rounds of testing of the HCBS CAHPS
- 2017-2019 CT administered HCBS CAHPS to representative samples of 5 Waivers
- 2019 Expanded to Mental Health, MFP, Community First Choice and Veterans Administration HCBS programs
- ID/DD planned

HCBS CAHPS in Connecticut

- Surveys are completed in a web-based system by telephone or in-person
- Surveys conducted by care management agencies QA staff, DSS Community Options Unit staff, DMHAS staff and UConn Center on Aging research team
- UConn Center on Aging
  - trains all interviewers & does quality checks
  - manages data and submits annual reports
- Results will be included on DSS Dashboard under development
MyPlaceCT.org
Virtual Home of No Wrong Door
Re-Launch 2019 ~ Completely Transformed

New Navigation and Content w/a Broader Lens
More Dynamic, Intuitive and Engaging

Helping people navigate & access
LTSS, Health & Well-being
Empowering people with information to plan
Videos/Podcast / Blog – Real Life Stories
Data Driven and Aligning with related initiatives

My Place Partners
In communities across CT
Navigators
Access to Partner Portal
Become a Partner
Virtual Insight Panel

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Center on Aging research reports:
https://health.uconn.edu/aging/research-reports/