NGA Workgroup on LTC

Legislative Task Force on Long Term Care
November 9, 2004

- LTC Study Efforts

- National Governor's Association
- Legislative Task Force on LTL
- Medicaid Crisis Intervention Team
- Senior Living Coordinating Unit
- Aging Service Cabinet
- Re-Balancing II – Nov 18-19

IOWA OBJECTIVES

- Providing real choices
- Defining barriers to real choices
- Informing consumers about options
- Evaluate LTC System in Iowa
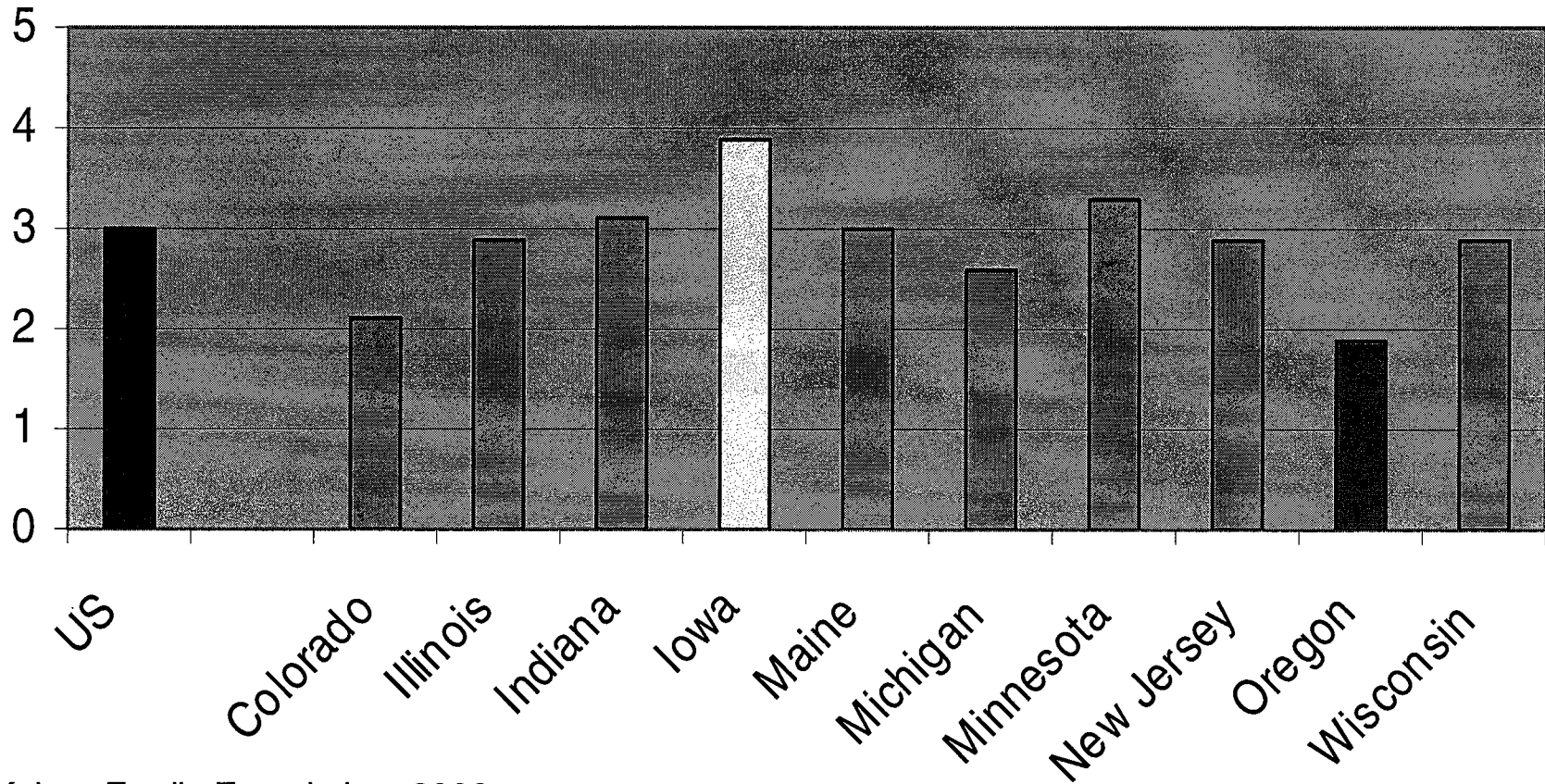- ***Study Screening & Assessment***

LTC System Evaluation
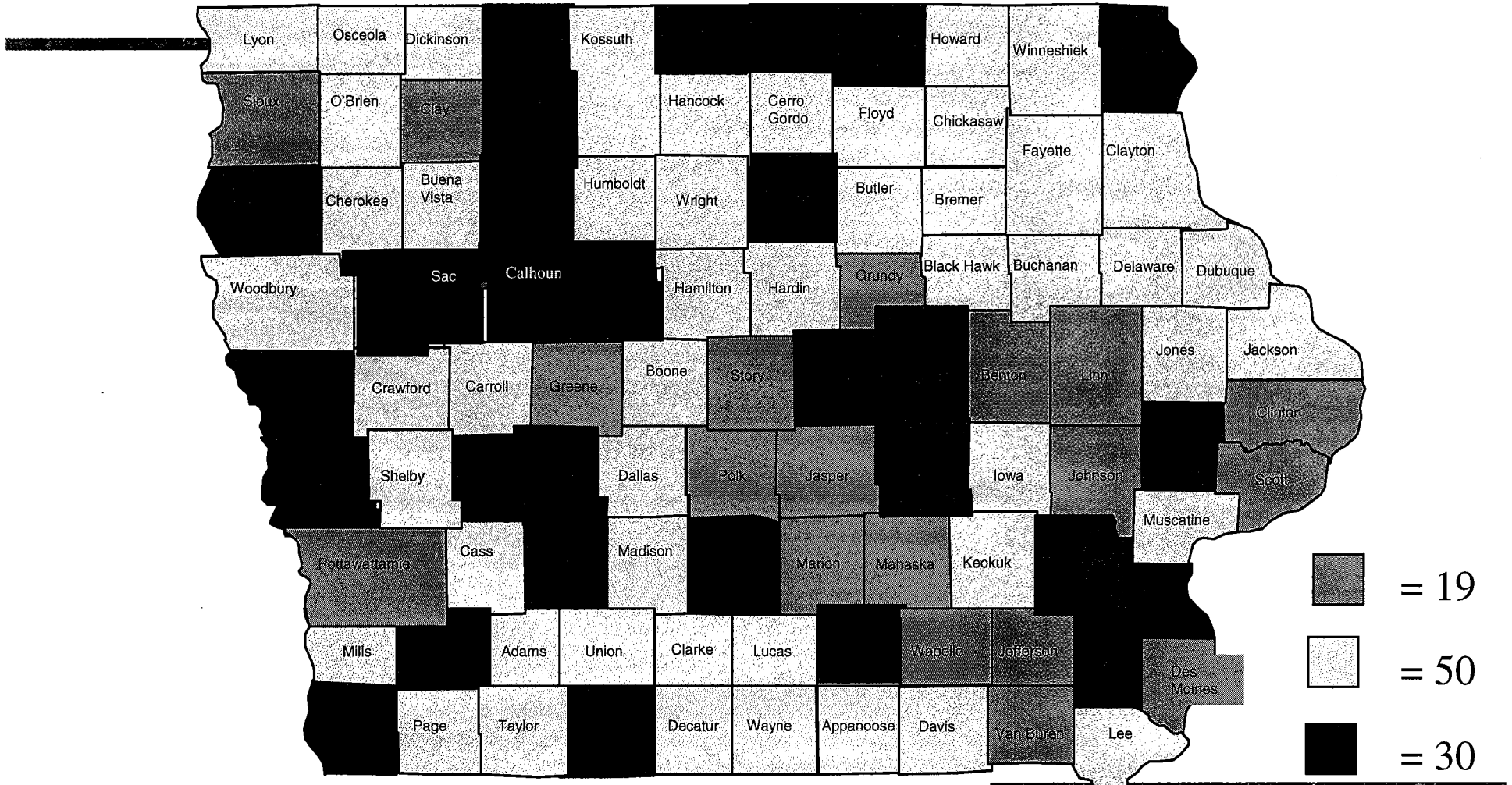
- Supply - Access

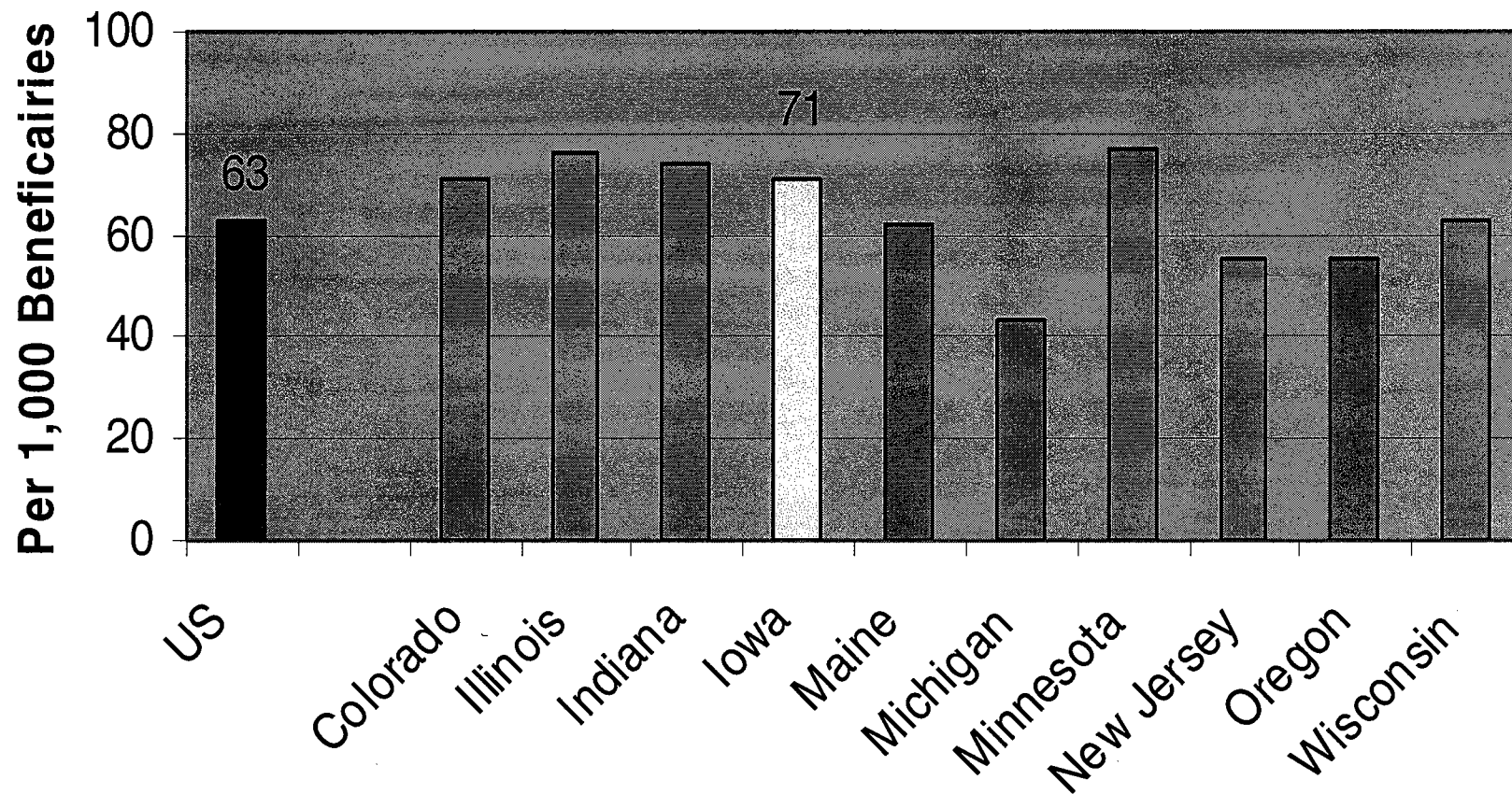- Service Use

- Costs

Hospital Beds Per 1,000 Capita - 2001

Kaiser Family Foundation, 2003

Nursing Facility/Assisted Living Supply
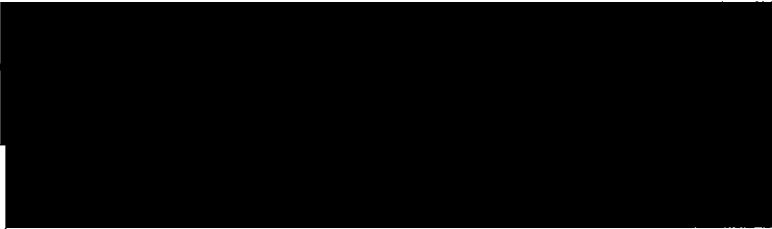

Map of Iowa counties:

Lyon, Osceola, Dickinson, Kossuth, Howard, Winneshiek
Sioux, O'Brien, Clay, Hancock, Cerro Gordo, Floyd, Chickasaw
Fayette, Clayton
Cherokee, Buena Vista, Humboldt, Wright, Butler, Bremer
Woodbury, Sac, Calhoun, Hamilton, Hardin, Grundy, Black Hawk, Buchanan, Delaware, Dubuque
Crawford, Carroll, Greene, Boone, Story, Benton, Linn, Jones, Jackson
Shelby, Dallas, Polk, Jasper, Iowa, Johnson, Clinton
Pottawattamie, Cass, Madison, Marion, Mahaska, Keokuk, Muscatine, Scott
Mills, Adams, Union, Clarke, Lucas, Wapello, Jefferson, Des Moines
Page, Taylor, Decatur, Wayne, Appanoose, Davis, Van Buren, Lee

Legend:
= 19
= 50
= 30

University of Iowa
College of Public Health
Department of Health Management and Policy

Medicare NF Admissions

Bar chart titled "Medicare NF Admissions" with y-axis labeled "Per 1,000 Beneficairies" ranging from 0 to 100. Categories on x-axis: US (63), Colorado, Illinois, Indiana, Iowa (71), Maine, Michigan, Minnesota, New Jersey, Oregon, Wisconsin.

Medicare Home Health

Per 1,000 Beneficiary (y-axis): 0, 20, 40, 60, 80, 100

States (x-axis): US (63), Colorado, Illinois, Indiana, Iowa (50), Maine, Michigan, Minnesota, New Jersey, Oregon, Wisconsin

Kaiser Family Foundation, 2003

AARP research center

- Older Iowans who used LTC = 40%

- Received care in NF = 70%

- Preference for NF Care = 8%

Service Use

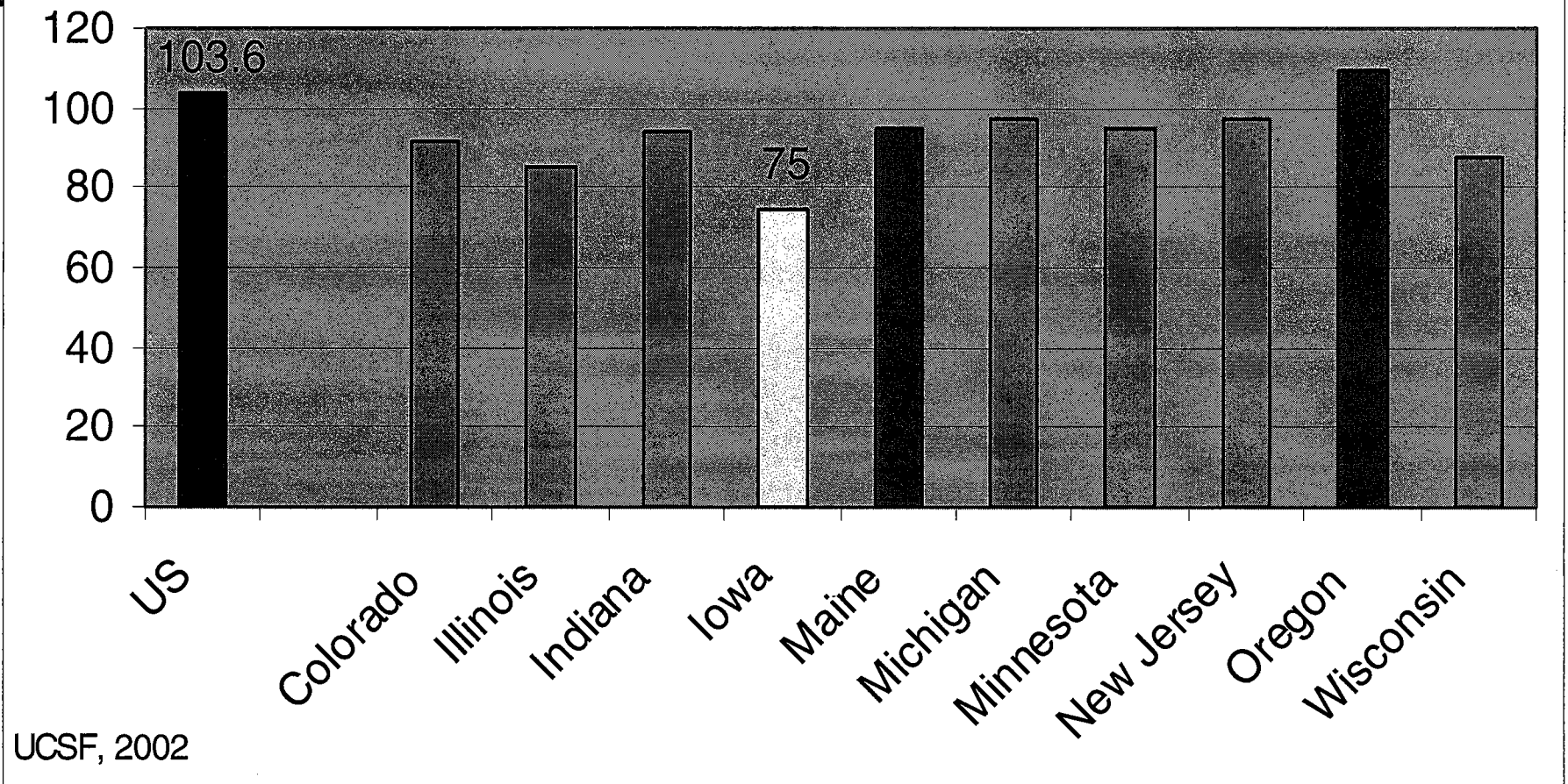- LTC Service Use Trends

- Residential Location

- Service Needs

LTC Service Users 2000-2004

Legend:
- Intermediate Care Facility
- Elderly Waiver
- Skilled Nursing Facility

23,241 ... 21,663 **-7%**

4,929 ... 8,590 **+74%**

3,968 ... 2,019 **-49%**

FY2000 FY2001 FY2002 FY2003 FY2004

25,000
20,000
15,000
10,000
5,000

Average Acuity Index

UCSF, 2002

University of Iowa
College of Public Health
Department of Health Management and Policy
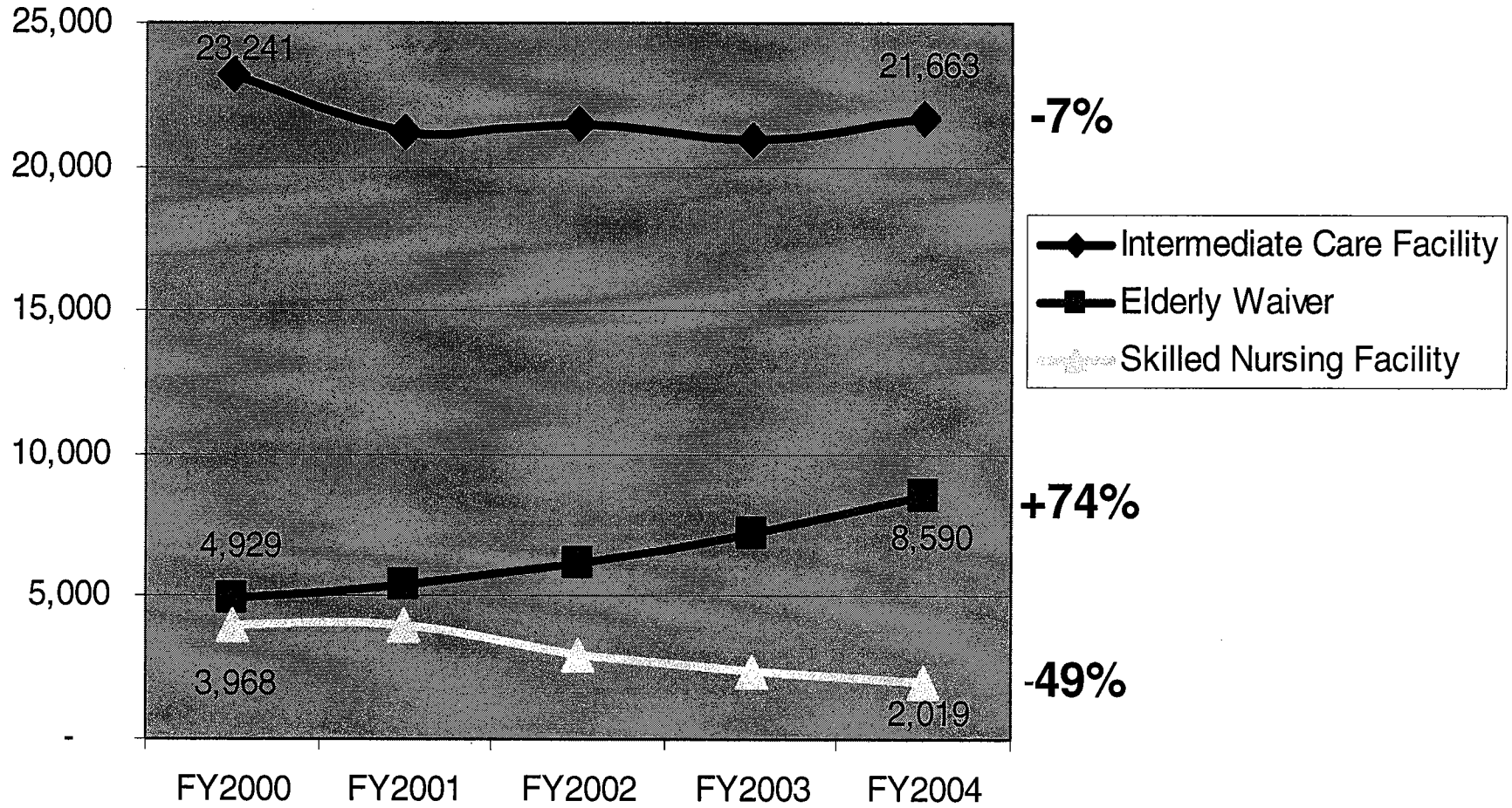
Re-Balancing LTC

■ **Re-Balancing has started**
- 9% decrease in nursing facility residents 99-04
    - ■5% annual increase in expenditures (99-04)
- 43% increase in Elderly Waiver recipients 99-04
    - ■ 27% annual increase in expenditures (99-04)
- 2,500 de-licensed NH beds – 15 closures (since 1999)
- Senior Living Trust, Conversions, CMPFE, Elderly Waiver, Market Forces, HCBS access
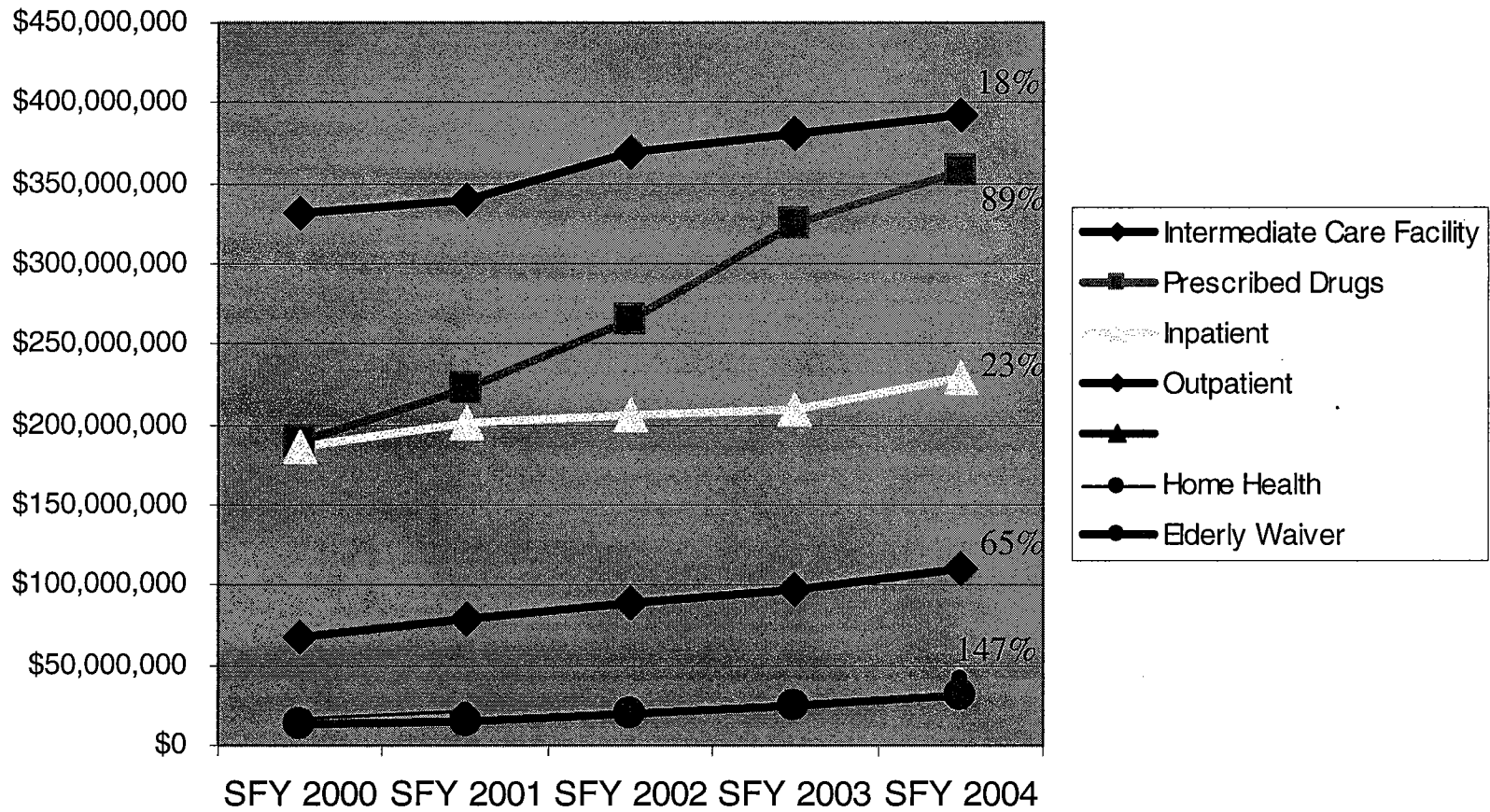
Allocations

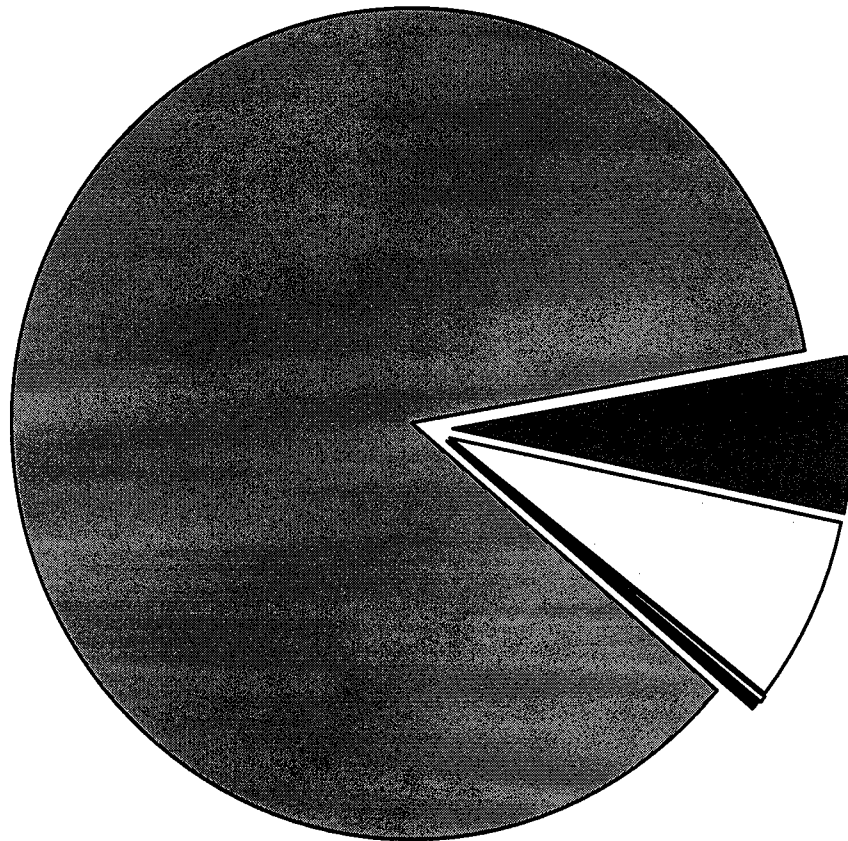■ Long-Term Care Spending

■ Affordability

■ Efficiency

Expenditures 2000-2004

Legend:
- Intermediate Care Facility
- Prescribed Drugs
- Inpatient
- Outpatient
- Home Health
- Elderly Waiver

Percentages shown: 18%, 89%, 23%, 65%, 147%

Y-axis values: $0, $50,000,000, $100,000,000, $150,000,000, $200,000,000, $250,000,000, $300,000,000, $350,000,000, $400,000,000, $450,000,000

X-axis: SFY 2000 SFY 2001 SFY 2002 SFY 2003 SFY 2004

Medicaid LTC Allocations 2003

- ▨ Nursing Facilities

- ■ Home & Community Based Waiver Services
- ☐ Home Health Services

- ☐ Rehabilitation Services
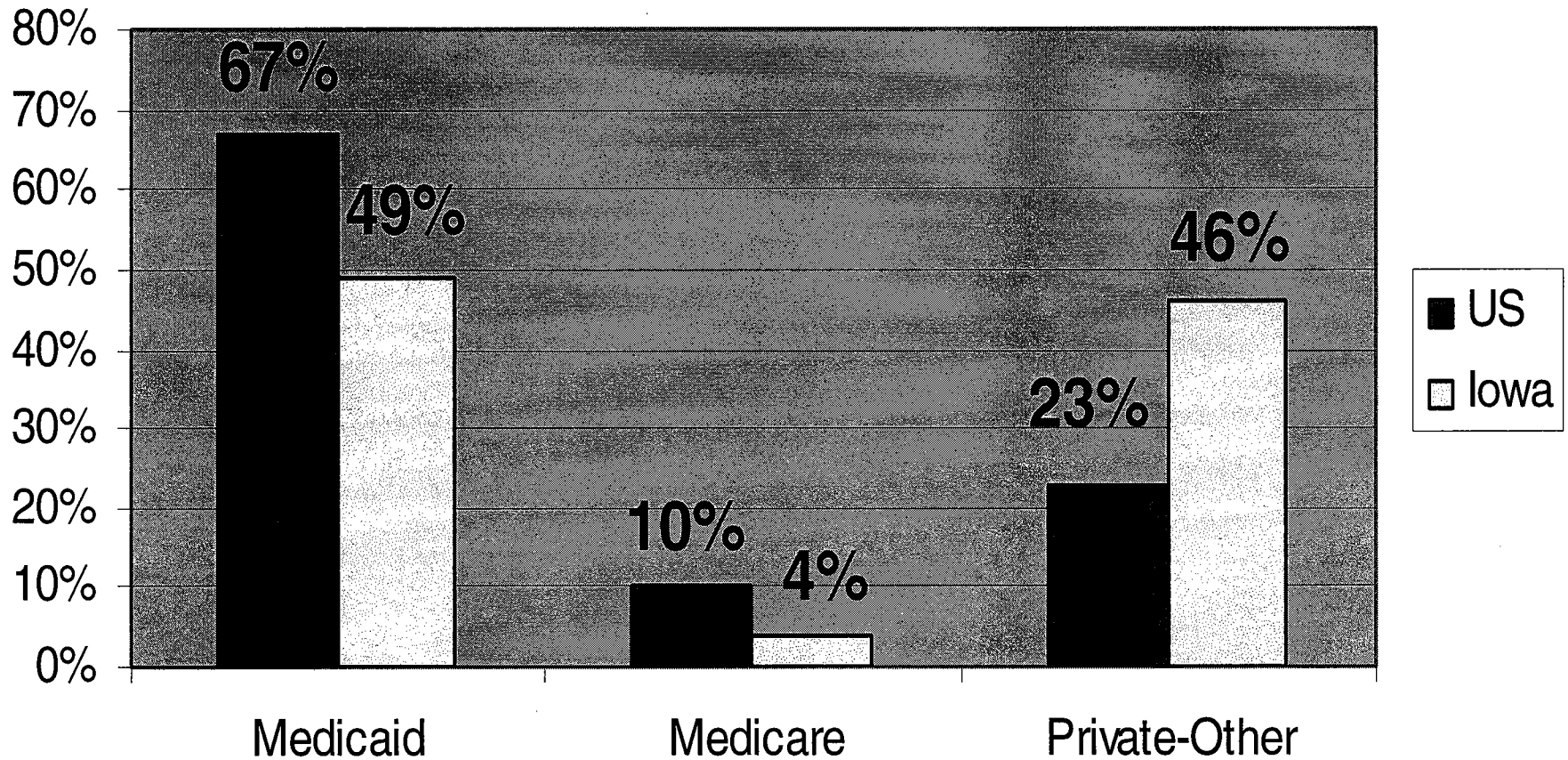
- ■ Residential Care

Medicaid LTC Spending, 2002

Stacked bar chart showing Per Capita Medicaid LTC spending by state, with Home Health and SNF categories. States: Colorado, Illinois, Indiana, Iowa, Maine, Michigan, Minnesota, New Jersey, Oregon, Wisconsin.
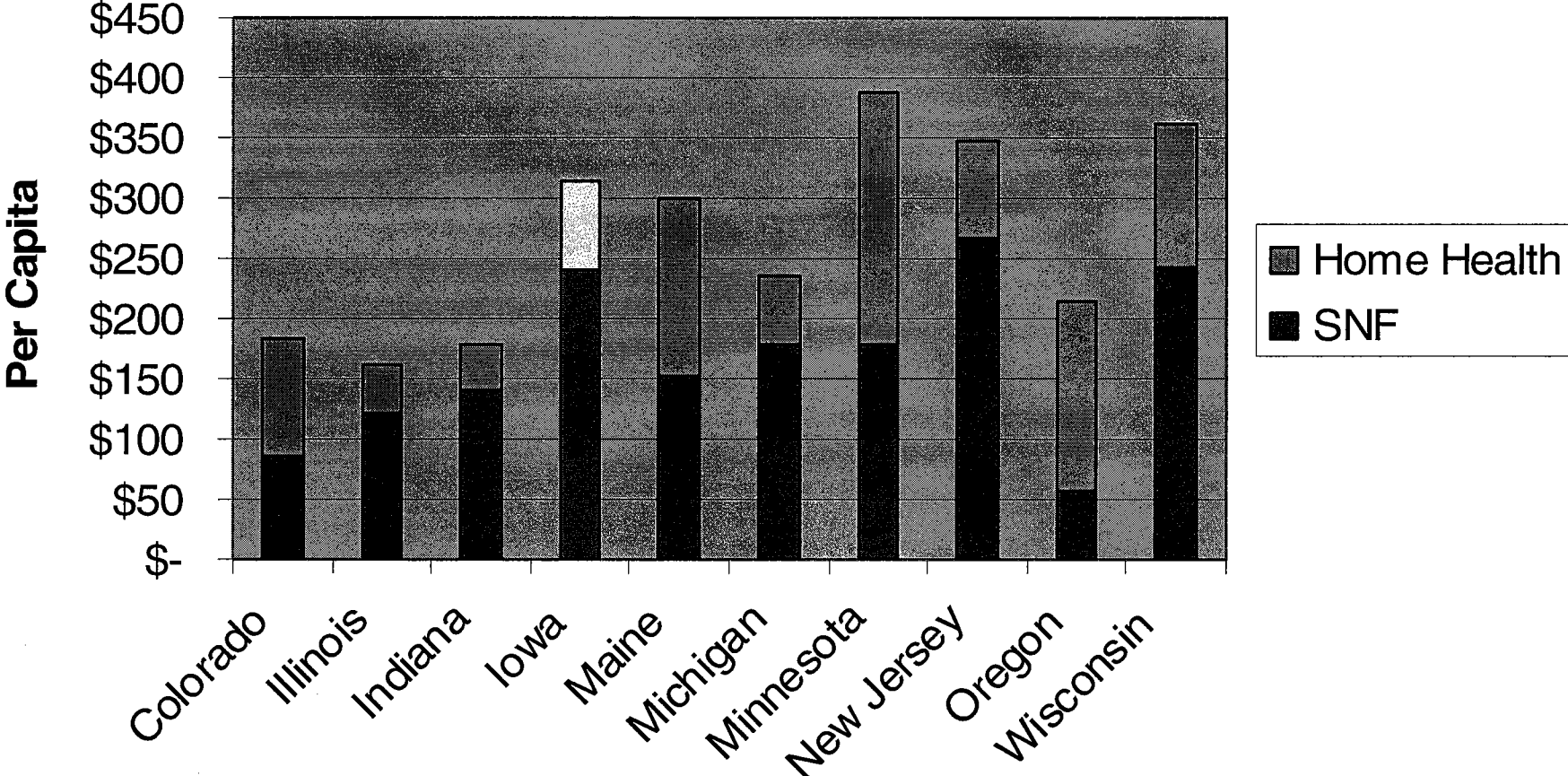
Family Centered Care

- Families are responsible and need help
    - 25% < $856/Mo
    - Average net worth = $30,000
    - Half rely on SS for more than 50% of income
    - 34%<$20,000/year
    - Nursing home care = $50,000/year
    - 5 months to spend down
    - "Recovery" as barrier to services
    - Divorce allows asset protection

NF Residents Payment Source, 2001

Legend: ■ US, □ Iowa

Medicaid: US 67%, Iowa 49%
Medicare: US 10%, Iowa 4%
Private-Other: US 23%, Iowa 46%

CLINICAL PROCESS

- How do people get into LTC?

- Is the process reliable?

- Is the process valid?

PROJECT SEAMLESS

- AARP Telephone Survey

  - 300 LTC decision makers

    - 10 different doors into LTC

    - Keys were all different

Survey Implications

- Doctors, Discharge Planners, Self-referral

  - Need: Public information and professional training

  - Need: *Standard screening and assessment tool*

Principles of UA Tool

- Reliable

- Valid

- Tie-In with other data

- Do-able

MI CHOICE

■ BRIEF SCREENING

■ LTC Need

■ IN-PERSON ASSESSMENT

■ Critical clinical domains

Key Elements of MI Choice

- Social Functioning
- Informal Support
- Environment
- Cognitive Status
- Communication
- Mood
- Disease
- Health
- Nutrition

- Dental
- Vision
- Skin
- Continence
- Physical Functioning
- Services
- Medications
- Vitals

Key Features of MI-Choice

- Generates a service needs score

- Clinician Override

- Tie-in with other data points

- Up and running in other states

What's Missing?

- Self determination

- Financial Status

Study Sites

- Large inpatient hospital

- Community-based program

- Assisted living facility

- Continuing care community

POINTS FOR CONSIDERATION

- **Existing assessments consistently overlook key elements**
  - Social Functioning
  - Mood
- **Variability**
  - Hospital did not assess home environment
  - Community program did not assess medical
  - Assisted living little health history

NGA Workgroup Recommendations

Names

- Long Term Care Functional Screen

- Long term Care Consultation Assessment tool

- Comprehensive Assessment Tool

- Community Options Counseling

- Other??

NGA Workgroup Recommendations

- Population

  - Only elderly population initially

  - As a prerequisite to entering any licensed nursing facility, Assisted Living Facility, home and community based waiver service.

NGA Workgroup Recommendations

- Instrument

- MI Choice + I-OASIS

NGA Workgroup Recommendations

- Requirement for all admissions to:

  - Nursing Facilities

  - HCB Services

  - Assisted Living

NGA Workgroup Recommendations

How do decisions get made?

- Initial screening, then full evaluation.

- Scoring System – NH Level of Care

- Clinical Team Oversight

NGA Workgroup Recommendations

- Who is on the clinical team?
  - Independent Evaluators
    - RFP by regions
  - Social work *or* nursing degrees or equivalent ability.
  - Specialty training

NGA Workgroup Recommendations

- How to pay for the UA
  - Departmental allocation
    - Office of Universal Assessment
      - Dept of ???
  - Free to the elderly
  - Medicaid/Medicare Reimbursement (?)

NGA Workgroup Recommendations

- Project SEAMLESS

  - INTEGRATE MI-Choice w/ I-OASIS

  - EXPAND I-OASIS

- Coordinate with CMPFE, public health departments, private health providers, Aging/Disability Resource Center and others.

NGA Workgroup Recommendations

- Enforcement
  - Required by rule of:
    - Licensed SNFs, ICFs, ALFs, Day Care, Home Health (?)
  - Sanctions for non-compliance
  - Delayed and lower Medicaid payments

NGA Workgroup Recommendations

- Unfinished Business

- Fast Track Eligibility

- SEAMLESS

NGA Workgroup Recommendations

- **Unfinished Business**

- HCBS Supply – Access

  - Reimbursement Rates

  - Unmet Needs

  - Waiting Lists

NGA Workgroup on LTC

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