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Virginia's Community Living Program: Expanding Options for Service Delivery

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Part I: CLP Program

COMMUNITY LIVING PROGRAM (NURSING HOME DIVERSION) MODERNIZATION GRANTS

AoA NHD Grants

AoA launched the NHD initiative in the fall of 2007. In its initial year, AoA issued awards to 12 states for a combined federal and non-federal funded grant program of $8.8 million. In 2008, AoA issued awards to 14 states reaching a combined federal and non-federal amount of approximately $16.2 million. In 2009, AoA issued awards to 16 states.

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Purpose of AoA NHD Grants

CLP
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- Encourage the Aging Services Network to modernize and transform the funding they receive under the Older Americans Act, or other non-Medicaid sources, into flexible, consumer-directed service dollars

- Complement the CMS Money Follows the Person Initiative by strengthening the capacity of states to reach older adults before they enter a nursing home and spend down to Medicaid

- Support states' long-term care rebalancing efforts

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Need to Rebalance/Transform

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Community Living Program

Move funding from

Institutional Living

To

Community Living

Goal of the CLP - 1

- Divert 55 individuals who are at imminent risk from nursing home placement and Medicaid spend-down through consumer direction of services provided within a designated monthly allotment of up to $1200

Consumer-Direction

"A philosophy and orientation to the delivery of home and community based services whereby informed individuals assess their service needs, determine how and by whom these needs should be met, and monitor the quality of services received"

National Institute on Consumer Directed Long Term Services

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Options Counseling

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Long-Term Support Options Counseling is an interactive decision-support process whereby consumers, family members and/or significant others are supported in their deliberations to determine appropriate long-term support choices in the context of the consumer's needs, preferences, values and individual circumstances.

Goal of CLP - 2

- Divert 95 individuals who are at imminent risk from nursing home placement and Medicaid spend-down through consumer direction of services provided within a designated monthly allotment of up to $1200

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Expected Enrollment by AAA

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AAA	# Participants	Participant Months
AASC	14	117.0
Bay Aging	5	41.8
Crater	12	100.3
District 3	5	41.8
JABA	10	83.6
Peninsula	10	83.6
Prince William	5	41.8
Senior Connections	10	83.6
Senior Services	14	117
Shenandoah	10	83.6
Totals	95	794.2

Expansion Projects in CLP - 2

- Bay Aging will evaluate the use of a mobile intake center for enrolling participants in its rural Planning and Service Area

Criteria

- **Age:** 65 and older

AND

- **Informal Support System Status:** A caregiver demonstrating difficulty meeting the needs of their family member

AND

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Criteria continued

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- **Functional:** Dependent in 2 ADLs

OR

- **Cognitive/Emotional Status:** Cognitive impairments including
  - Need for prompting or supervision
  - Impairments in decision-making ability
  - Inability to avoid injury in emergency situations

Note: *May* have a health condition that requires at least monthly monitoring (e.g. diabetes, heart disease), medical/nursing (skilled care) needs and can be evidenced by a hospitalization or prior nursing facility stay and use of medications

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Targeting Financial Criteria

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- INCOME at or below 300% of SSI (2,022 a month) for the participant and likely to be denied Medicaid eligibility due to excess resources.

- RESOURCE LEVEL should be no less than and no more than these ranges:
  - **Single individual: $21,912 -$43,824**
  - **Individual with spouse: $43,824-$219,120**
  - The project only considers liquid resources. This would be cash or in any other form which can be converted to cash within 20 work days (such as checking, savings, bonds and certificates of deposits)
  - If a person is eligible for Medicaid or Medicaid Wavier programs, they are not eligible for this project.
  - A couple can each individually qualify for the program

Budget for Participant

- **Monthly budget of $1200 maximum**
  - no participant co-pay or partial pay for these services
  - project would pay up to maximum monthly allotment

- **Savings budget**
  - A participant could save up to half of the $1,200 ($600) a month to purchase a more expensive service, such as a ramp
  - Funds authorized for a participant but unspent could accumulate in the participants savings budget
  - The maximum allowable savings was $5,000

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Menu of CLP Service Options

CLP
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- Adult Day Care
- Assisted Living
- Assistive Devices
- Chore
- Companion/Homemaker
- Dental Care (Optional by AAA)
- Disposable Medical Supplies
- Groceries
- Home Delivered Meals
- Home Modification/Housing Rehabilitation
- Nutritional Supplements
- Personal Care
- Personal Emergency Response System
- Prescription Medications
- Recreational Devices
- Respite
- Senior Apartments
- Service Coordination
- Transportation

Provider of Services

- Participant (consumer)-directed program: the participant was able to choose who provided their service
- Providers could be:
  - A person hired directly by the participant
  - An agency
  - The AAA

Some services had provider qualifications.

There was no limit on personal attendant hours within the $1,200 monthly budget.

Payment for Services

- Payments were being handled through a fiscal intermediary, Public Partnerships, LLC (PPL)
  - Tracked the participants monthly and savings budgets
  - Processed all participant payments

For personal attendants hired directly by the participant, timesheets were submitted to PPL and payments were made to the personal attendant. For all other services, AAA paid for the service and then processed invoices through PPL.

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Expected Outcomes of the CLP

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- A minimum of 95 individuals would be served
- 80% would be diverted from nursing home placement and Medicaid spend-down
- 85% of participants and/or their caregivers would report an improvement in their QOL
- 85% of participants and/or their caregivers would report an excellent or good experience with CLP

Evaluation by Virginia Tech

- The Center for Gerontology served as the external evaluator.
- The outcome evaluation tracked and reported on client-level data and documented the effectiveness of the project.
- Evaluators conducted participant/caregiver interviews.

Part II: CLP Program Participants

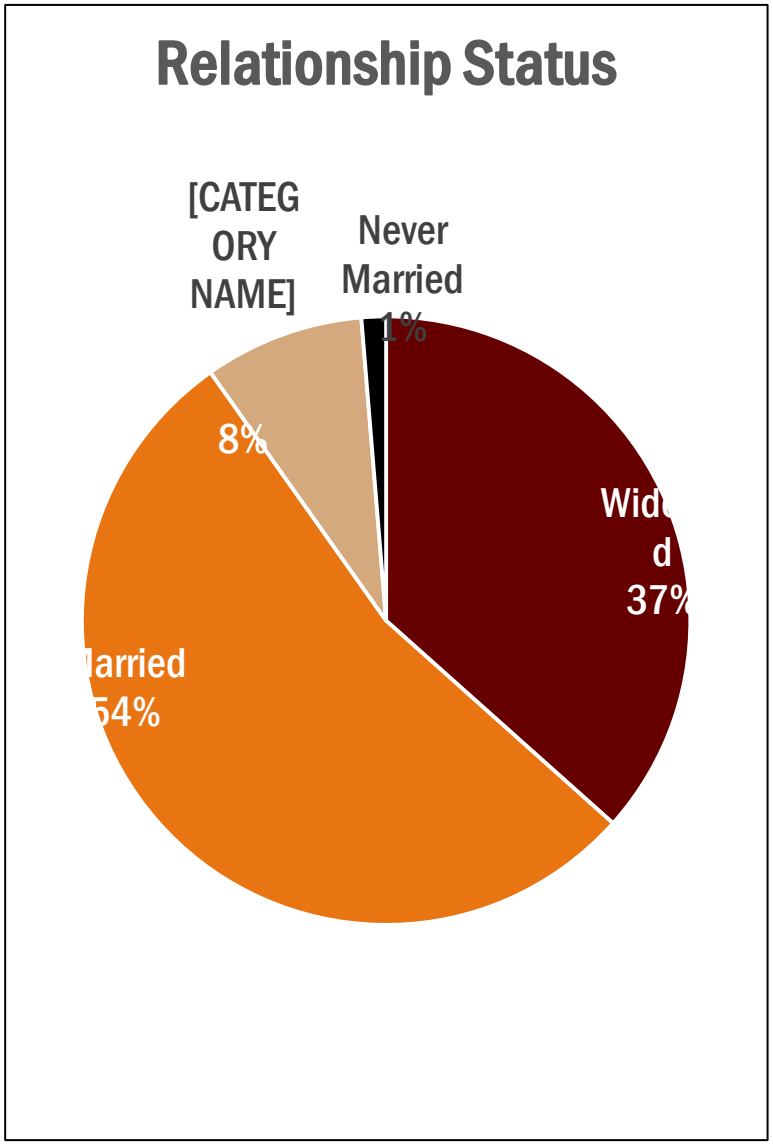
Participants

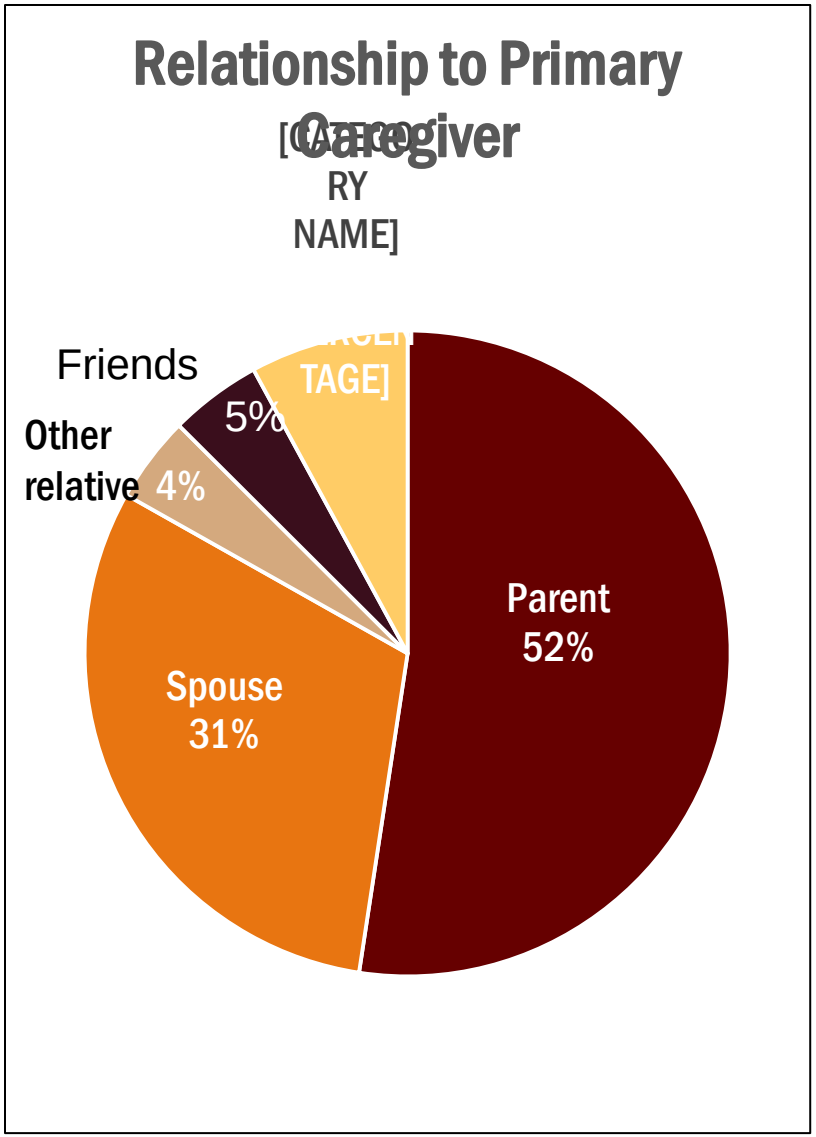
153 participants (purchased at least 1 service)

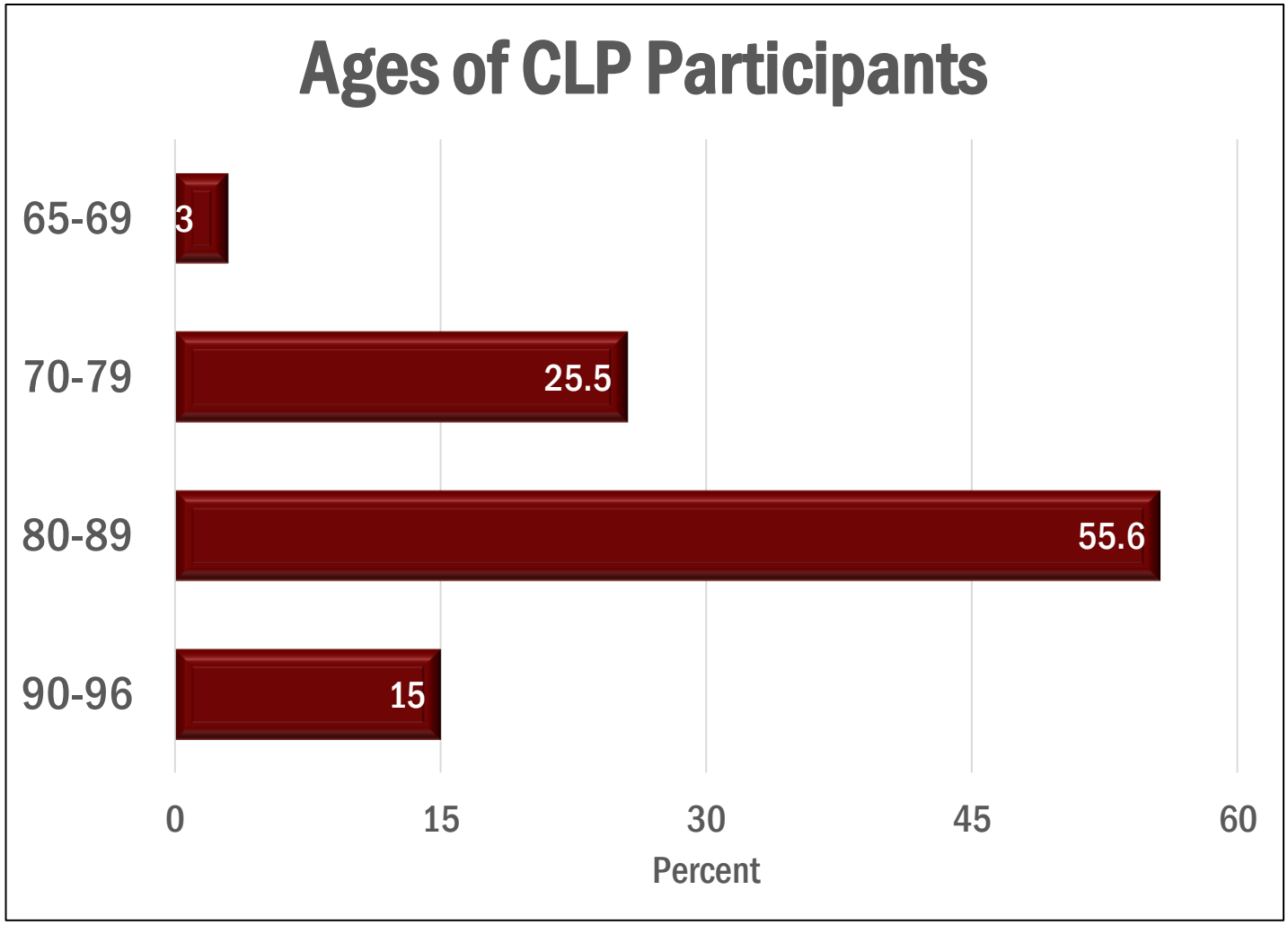
- Female - 110 (72%)
  Male - 43 (28%)

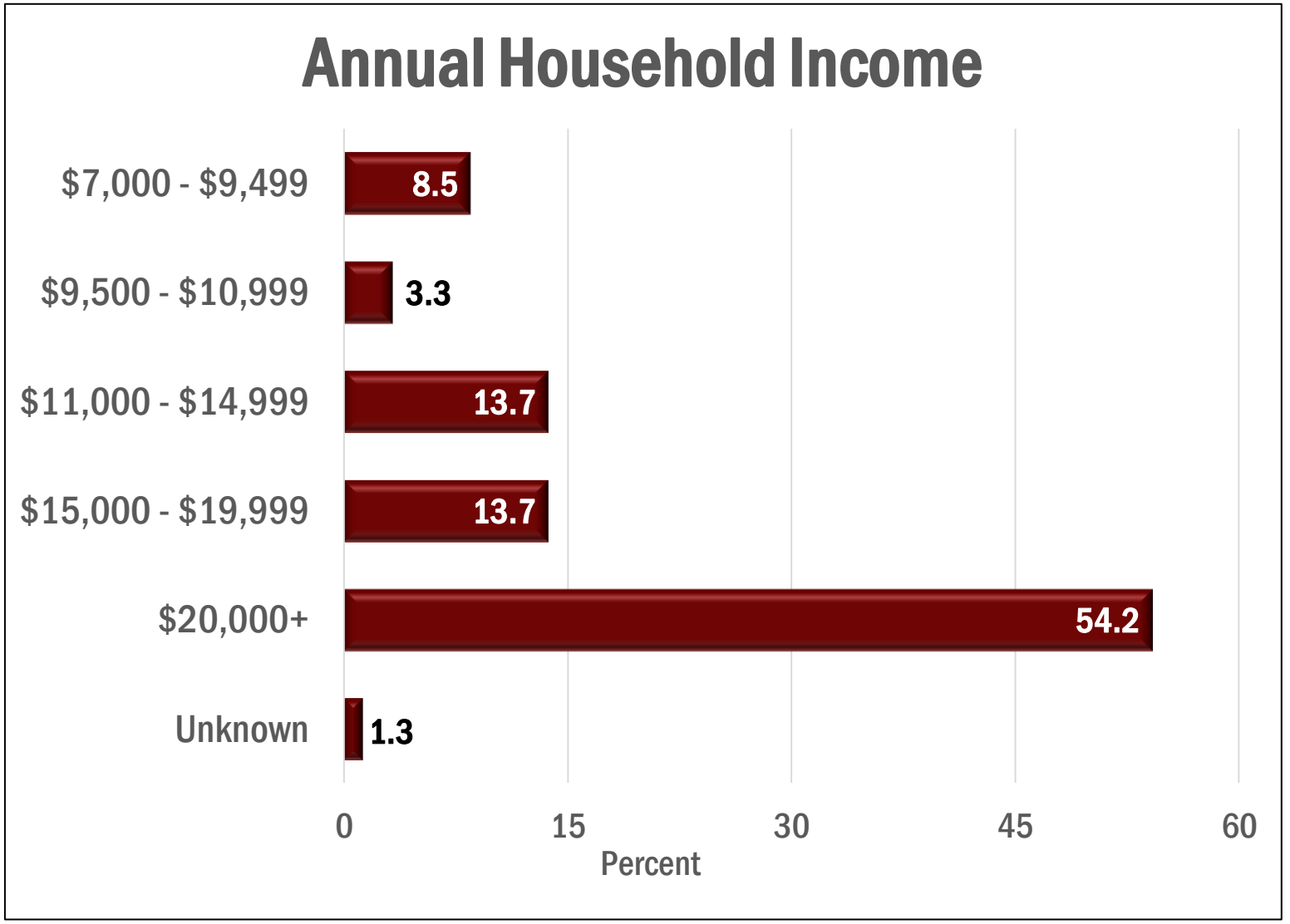
- White – 126 (82%)
  Black – 26 (17%)
  Asian – 1 (1%)

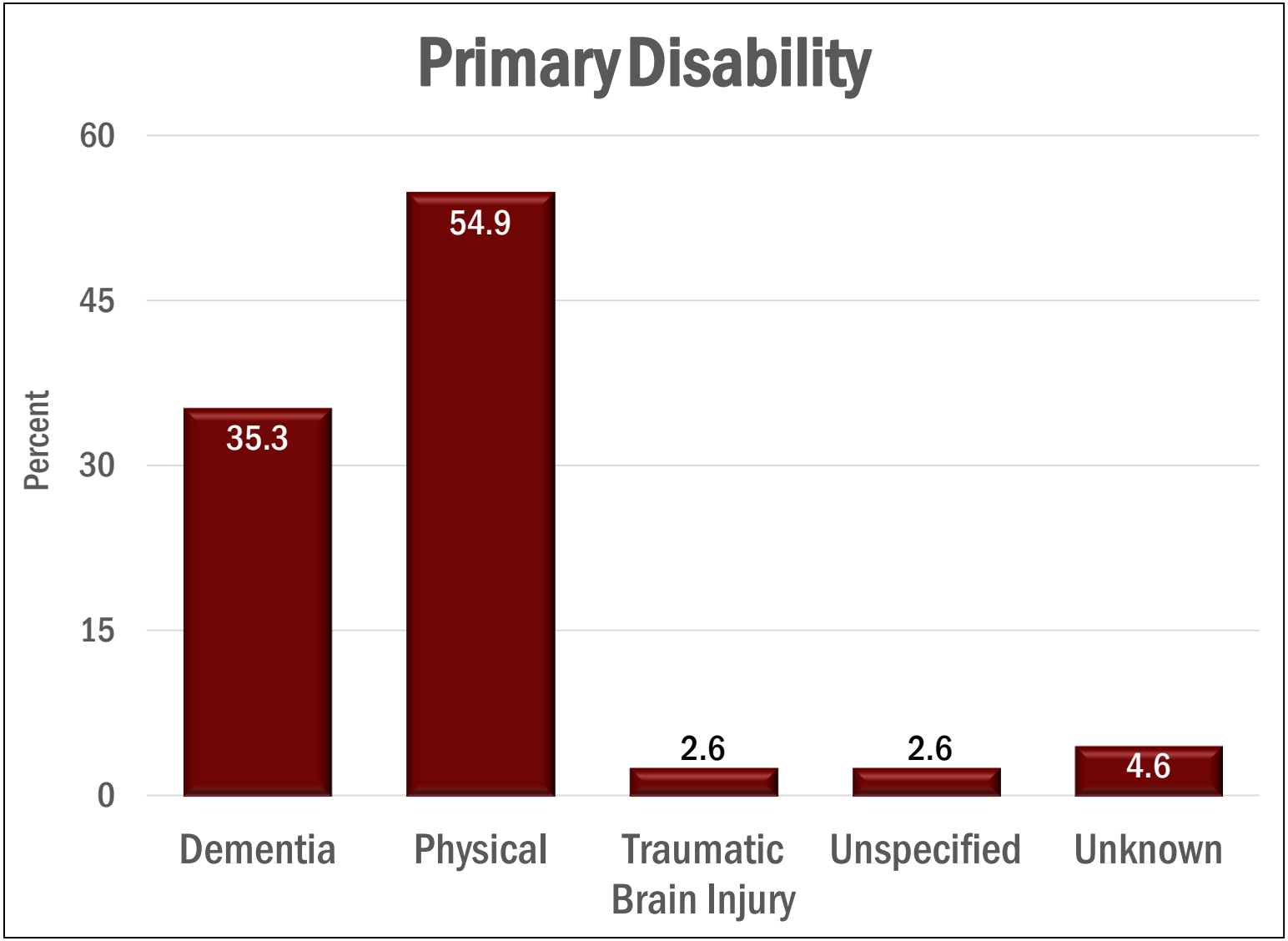
- Hispanic/ Latino – 16 (11%)

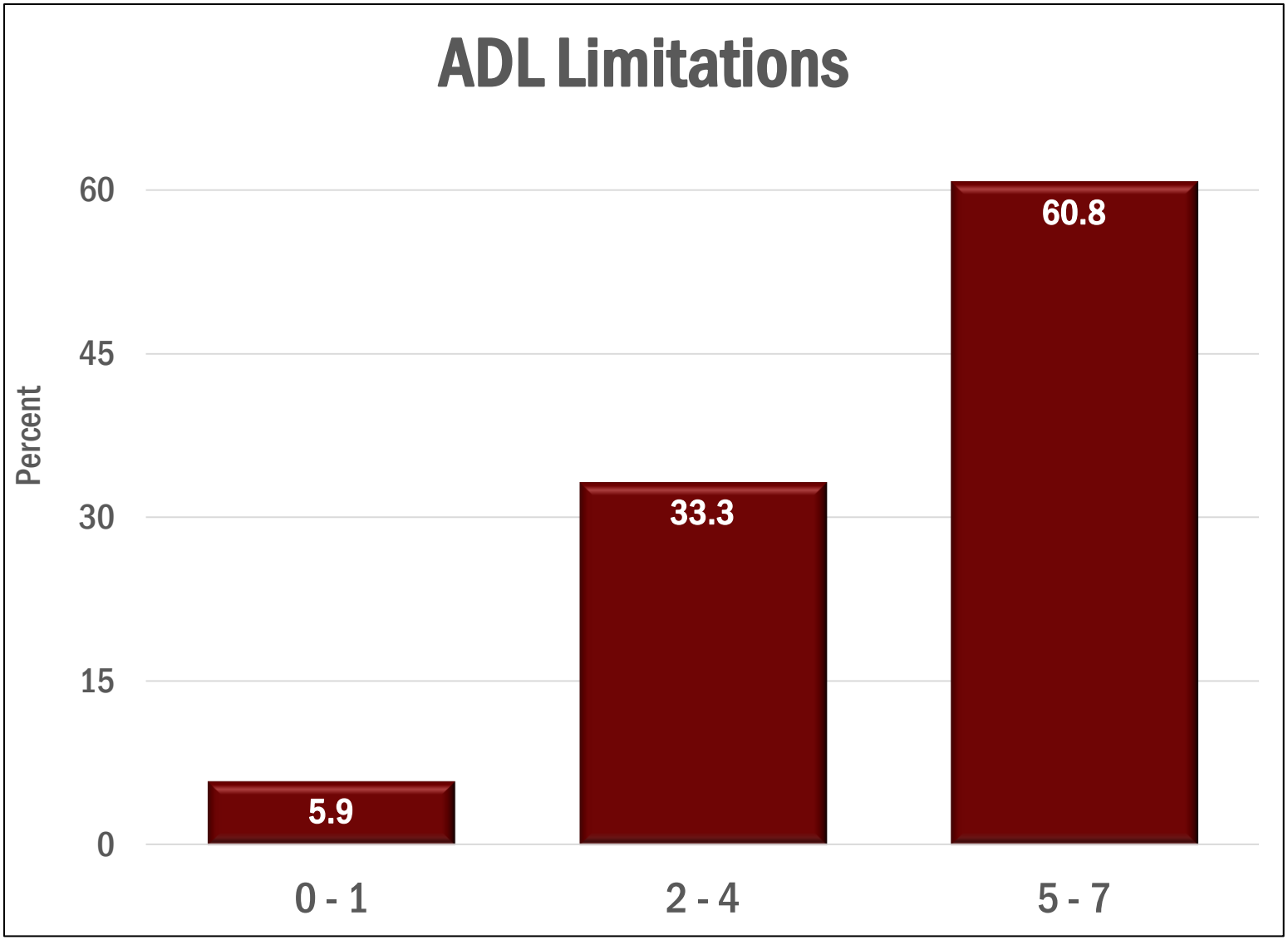

Relationship Status
[CATEGORY NAME]
Never Married
1%
8%
Wid
d
37%
Married
54%


Relationship to Primary Caregiver
[CATEGORY NAME]
[PERCENTAGE]
Friends
5%
Other relative
4%
Spouse
31%
Parent
52%


Ages of CLP Participants
65-69
3
70-79
25.5
80-89
55.6
90-96
15
0
15
30
45
60
Percent


Annual Household Income
$7,000 - $9,499
8.5
$9,500 - $10,999
3.3
$11,000 - $14,999
13.7
$15,000 - $19,999
13.7
$20,000+
54.2
Unknown
1.3
0
15
30
45
60
Percent


Primary Disability
Percent
60
45
30
15
0
35.3
54.9
2.6
2.6
4.6
Dementia
Physical
Traumatic Brain Injury
Unspecified
Unknown

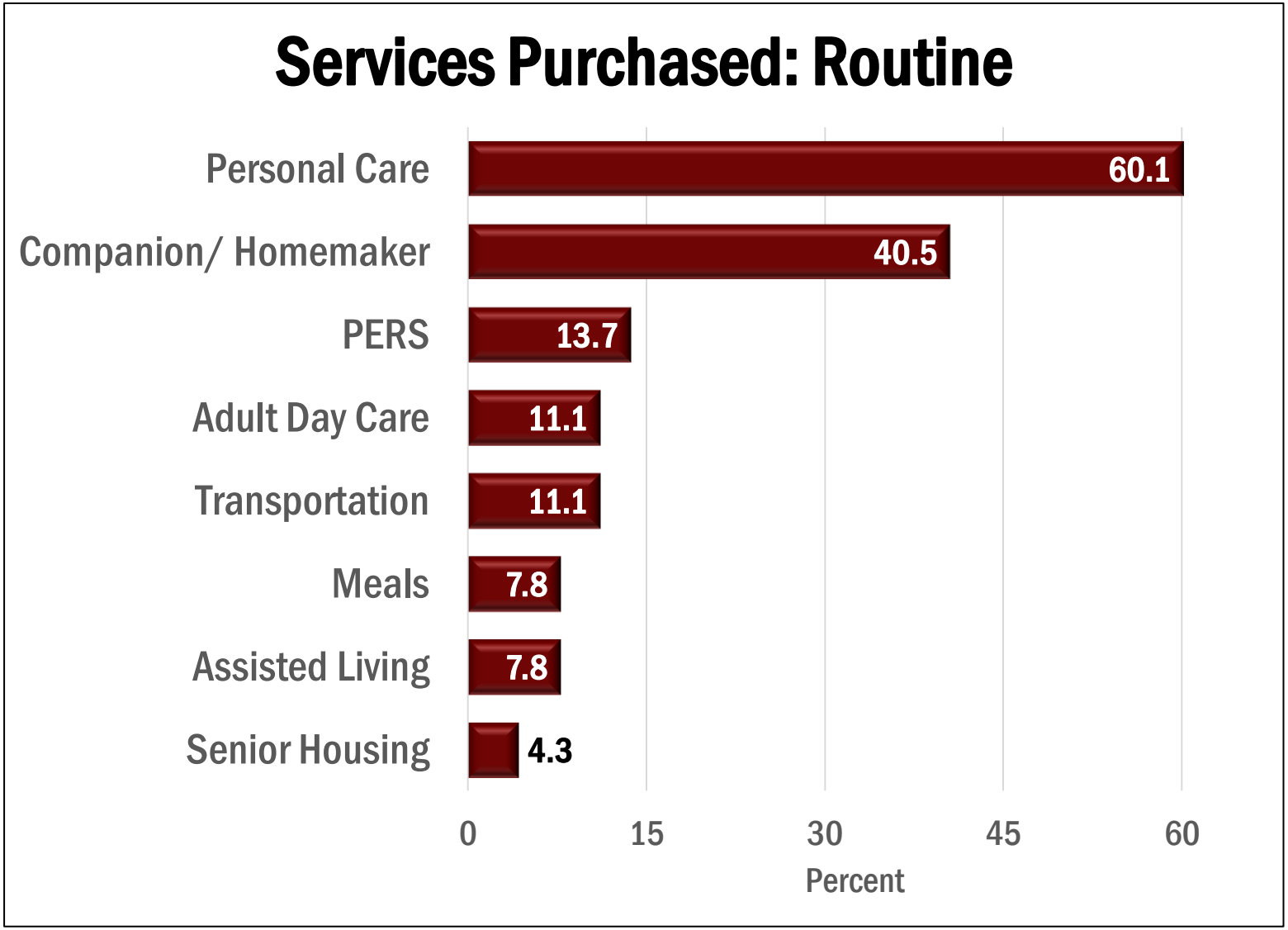

ADL Limitations
Percent
60
45
30
15
0
5.9
33.3
60.8
0 - 1
2 - 4
5 - 7

Unenrolled

40 (26%) unenrolled

- 19 died
- 8 needed more intensive home services
- 5 transitioned to nursing home or hospital
- 3 no longer met financial eligibility criteria
- 1 dissatisfied with program
- 4 unknown

Services Purchased: Routine

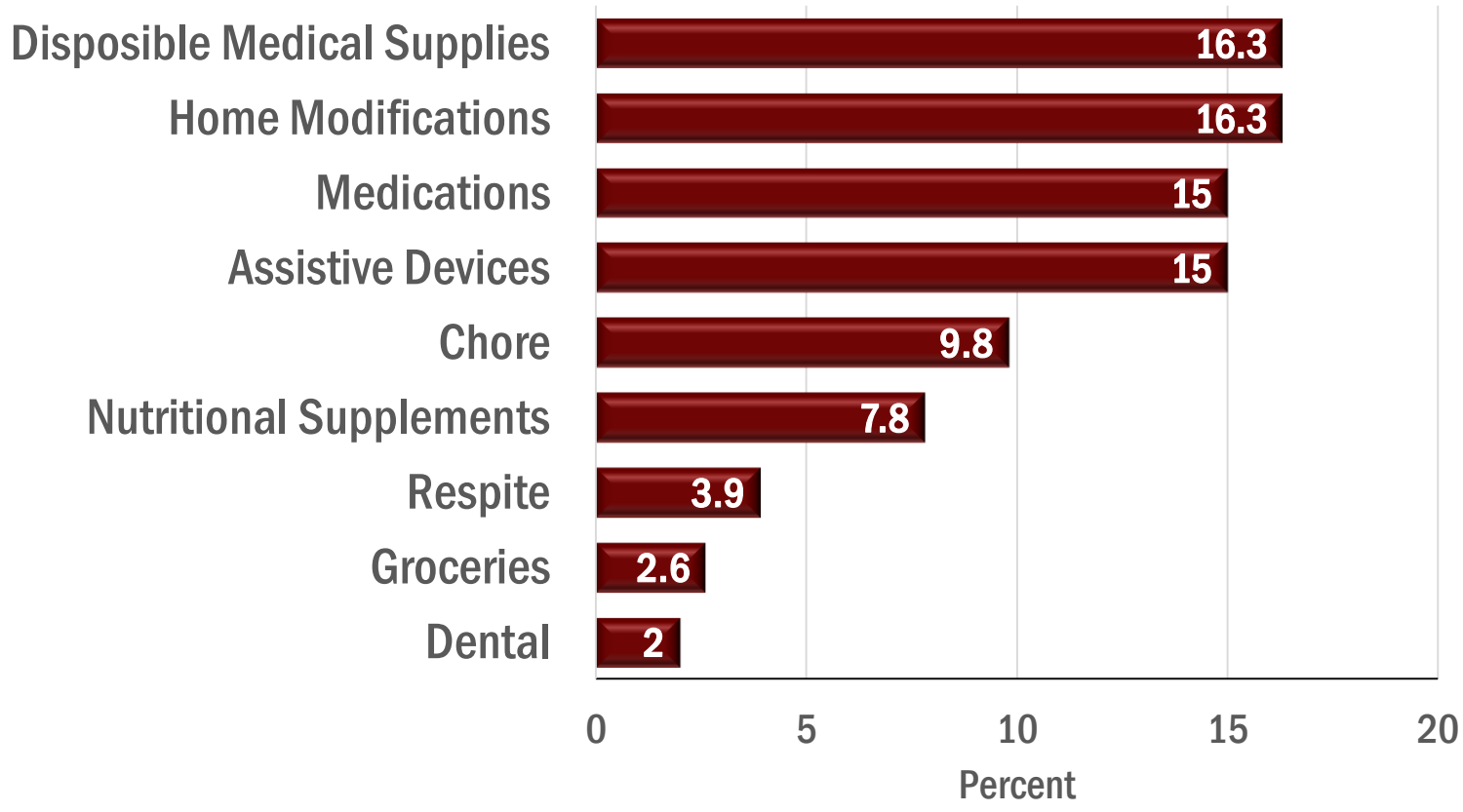


Service	Participants n (%)	Average Months Purchased	Range $ Spent	Average Monthly $ Spent
Personal Care	92 (60%)	5.2	$83 - $11,360	$779
Companion/ Homemaker	62 (41%)	4.9	$98 - $11,900	$541
PERS	21 (18%)	4.8	$22 - $450	$39
Adult Day Care	17 (11%)	4.0	$50 - $10,513	$564
Transportation	17 (11%)	3.5	$18 - $6,017	$194
Meals	12 (8%)	4.0	$50 - $870	$98
Assisted Living	12 (8%)	4.8	$403 - $9,600	$1,032

Personal Hire vs Agency Hire Aides

Service	Range Hourly Pay	Range $ Spent	Average Monthly $ Spent
Personal Care			
Hired Own	$7.25 - $16	$552 - $11,261	$1,011
Agency Staff	$14.50 - $37	$83 - $11,360	$667
Companion/Homemaker			
Hired Own	$7.25 - $16	$168 - $10,176	$769
Agency Staff	$11.75 - $22	$98-$11,900	$482

Services Purchased: One-Time / Intermittent



Service	Participants n (%)	Range $ Spent	Average $ Spent
Med Supplies	25 (16%)	$20 - $1,932	$409
Home Mods	25 (16%)	$115 - $4,200	$1,117
Medications	23 (15%)	$14 - $1,492	$567
Assistive Devices	23 (15%)	$21 - $3,321	$454
Chore	15 (10%)	$66 - $2,210	$734
Nutritional Sup	12 (8%)	$14 - $604	$146
Respite	6 (4%)	$38 - $2,204	$899
Groceries	4 (3%)	$82 - $1,967	$734
Dental	3 (2%)	$228 - $2,255	$1,087

Types of Home Modifications

- Building wheelchair ramps
- Installing a stair lift
- Repairing a driveway
- Upgrading a home heating system
- Upgrading plumbing
- Purchasing laundry appliances

Remaining Unmet Needs

41% lacked needed transportation

26% did not make it to the bathroom in time

21% missed doses of medication

15% needed help bathing

9% skipped meals for lack of food

8% did not feel safe in their home

Minor Differences Among AAA Sites

Recruitment

- Current Clients
- Selected Current Clients & Community Outreach
- Community Outreach

Services

- Service Coordination
- Availability and Selection
- Promotion of Personal Hire Aides/ Agency Aides

Success!

NH Diversion Outcomes

- Participants engaged in the care process
- 95% participants diverted from NH care & Medicaid enrollment
- Participants spent less than monthly allotment
  - Average expenditures $26.33/day (~ $800/mo)
  - Medicaid NH costs in region $136 - $169/day

Part III: Service Use Patterns

Service Use Patterns

- Groups of service users
- Groups of services purchased

Groups of Service Users

- Identify groups of service users (based on personal characteristics).
- How are groups associated with types of services purchased?
- Does perceived health status and program effectiveness differ by groups of users?

Study Sample

- Inclusion criteria
  - Enrolled in CLP for 31+ days
  - Purchased 2+ services
- 76 participants
  - Age range 66-95 (M = 83.2)
  - 67% women (*n* = 51)
  - 83% White non-Hispanic
  - 47% married, 40% widowed
  - M = 4.51 ADL limitations
  - M = 4.77 chronic health conditions

POPULATION

Predisposing
- Age

Need
- Primary disability type
- Number of ADL limitations

Enabling Resources
- Living situation
- Household income
- Caregiver relationship to participant
- Length of time (years) caregiving

HEALTH BEHAVIORS

Use of Available Services

OUTCOMES CHARACTERISTICS

Program Effectiveness
- Average cost per day
- Reported number of existing unmet needs

Perceived Health Status
- Likelihood of nursing home entry without CLP services
- Likelihood of nursing home entry within the next three months

Figure 1. Variables used to examine service use among vulnerable older adults. Adapted from Andersen (1995).

Groups of Service Users

- Four distinct profiles of vulnerable older adults→ based on predisposing, enabling*, and need-based factors
  - Conventional Older Adults (n = 19)
    - Living arrangement variability, more years with caregivers providing care, household income variability
    - Primarily physical disability
  - Living with Adult Child (n = 16)
    - Living with adult child, more years with caregivers providing care, less household income
    - Physical or cognitive disability
  - Greater Resources (n = 24)
    - Living with spouse only, fewer years with caregivers providing care, greater household income
    - Primarily cognitive disability
  - Extended Kin and Friend Support (n = 7)
    - Living alone, fewer years with caregivers providing care, household income variability
    - Only physical disability

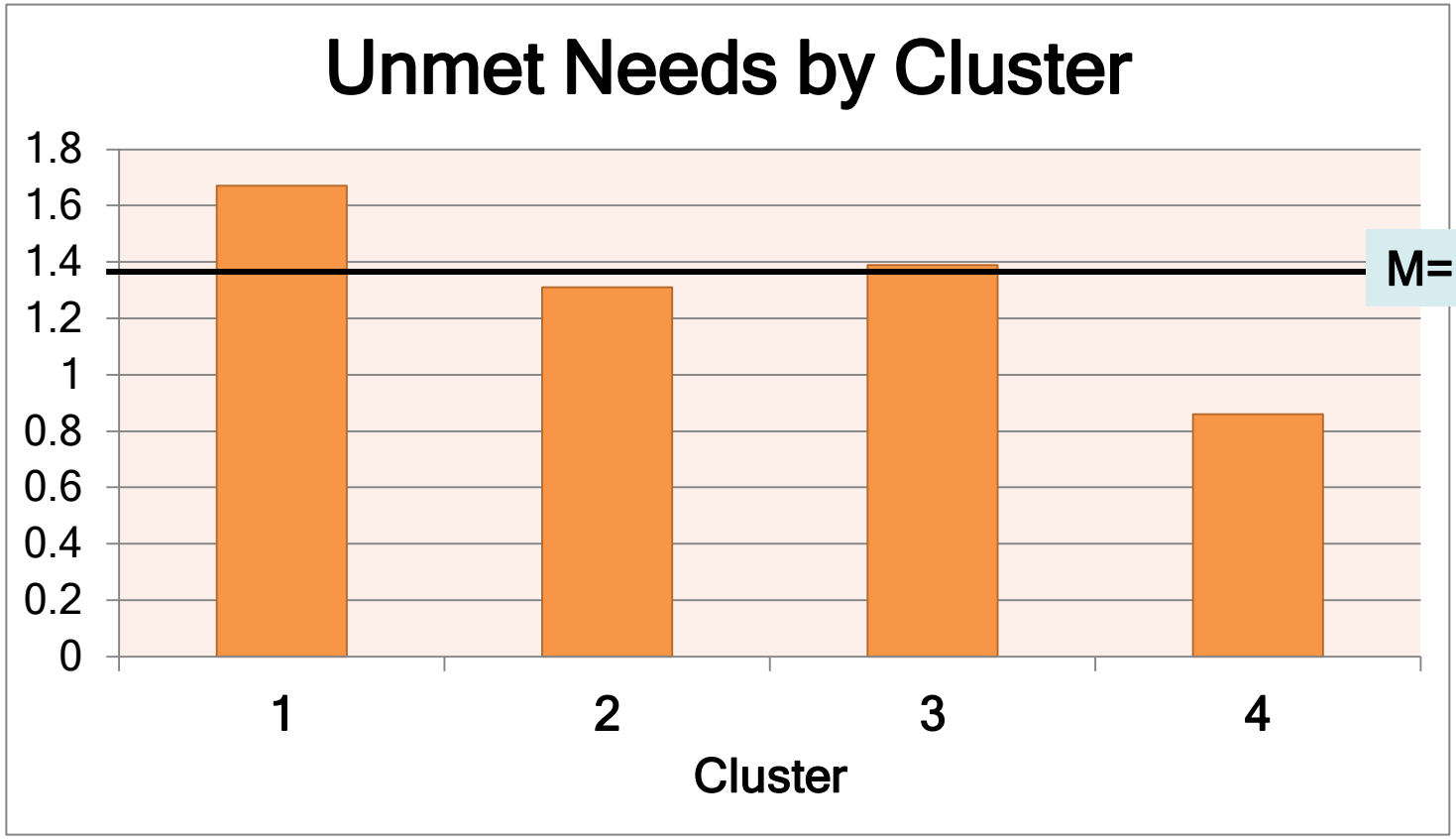
Service Use Implications

- 16 of the 18 available services were used
  - M = 3.08 services
  - Almost all participants selected PCS
  - Nearly half selected homemaker/companion services
  - Highlights the need to provide various service options to reduce the risk of needs going unmet
- Other service use findings
  - Conventional HCBS users: suggests awareness of current needs (assistive devices, chore services) AND consideration of future needs (home modification)
  - Living with Adult Child: importance of respite services when providing care for a longer period of time
  - Greater resources: suggests the importance of routine services (ADC, transportation)
  - Extended kin and friend support: purchased the fewest type of services, reflects physical limitations

Outcome Measures

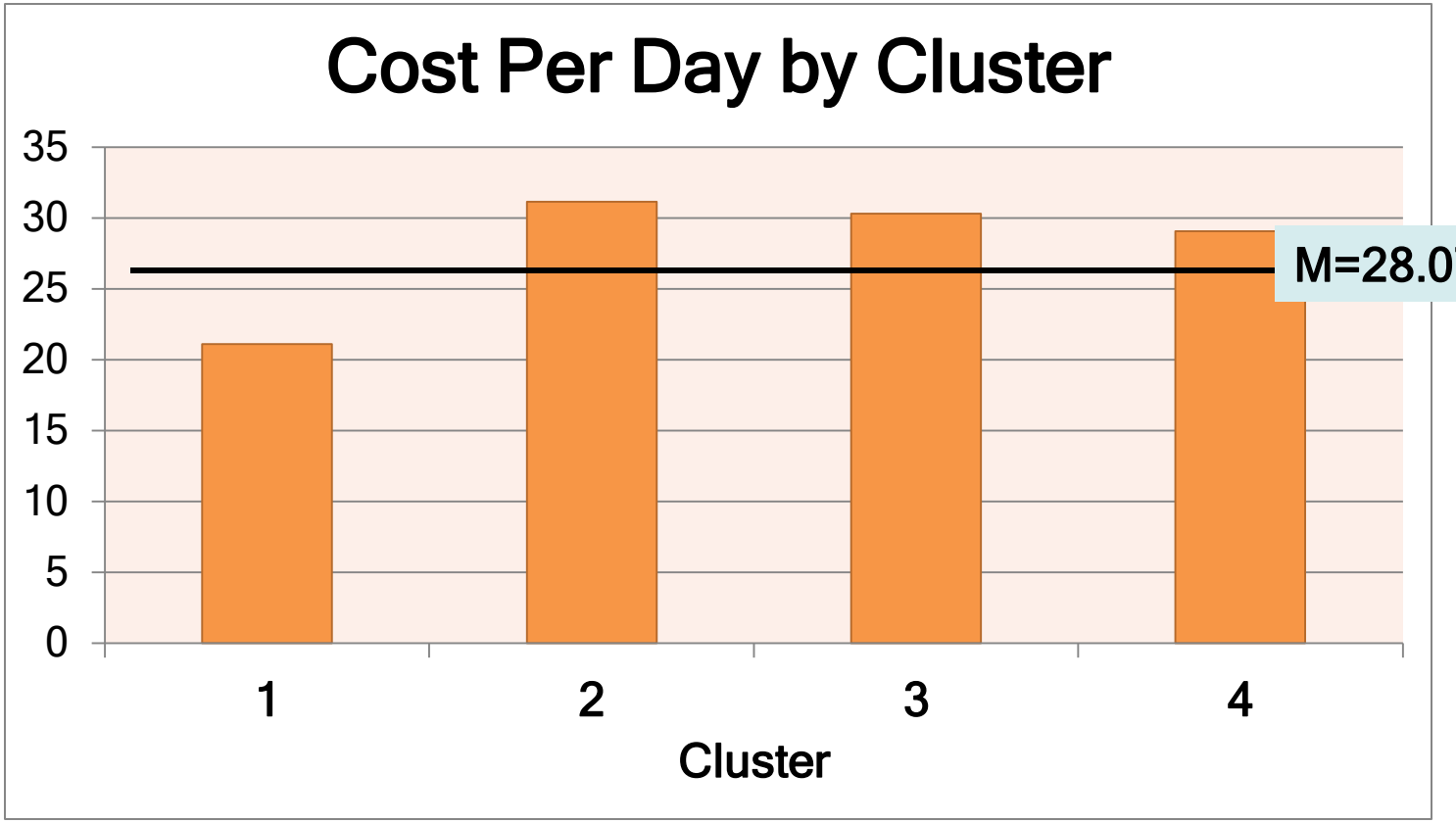
- Existing Unmet Need
  - Number of remaining unmet needs
- Program Effectiveness
  - Cost per day
  - Existing unmet need
- Perceived Health Status
  - Likelihood of nursing home entry in the next 3 months
  - Likelihood of nursing home entry without CLP services

Program Effectiveness



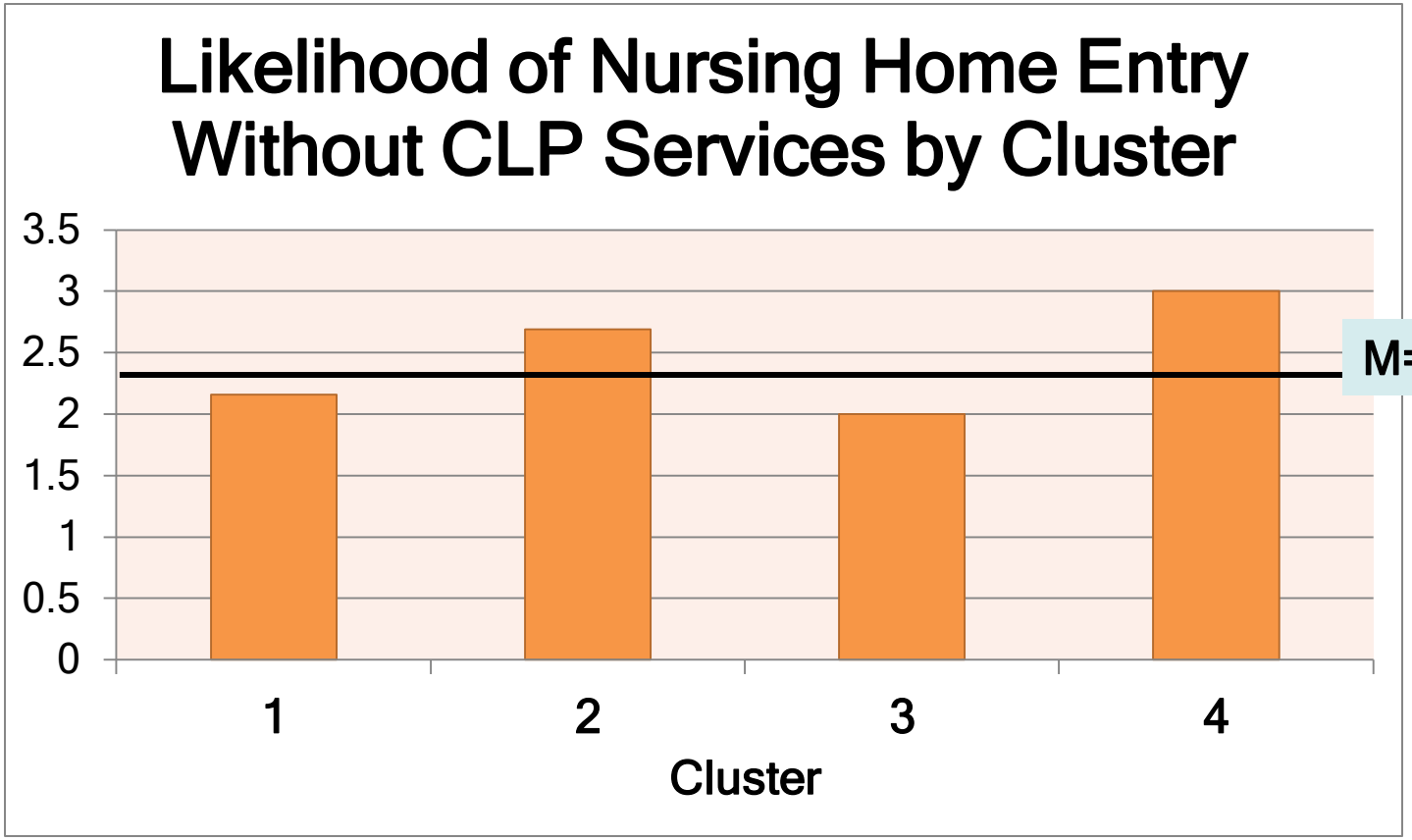
No significant difference between clusters

Program Effectiveness



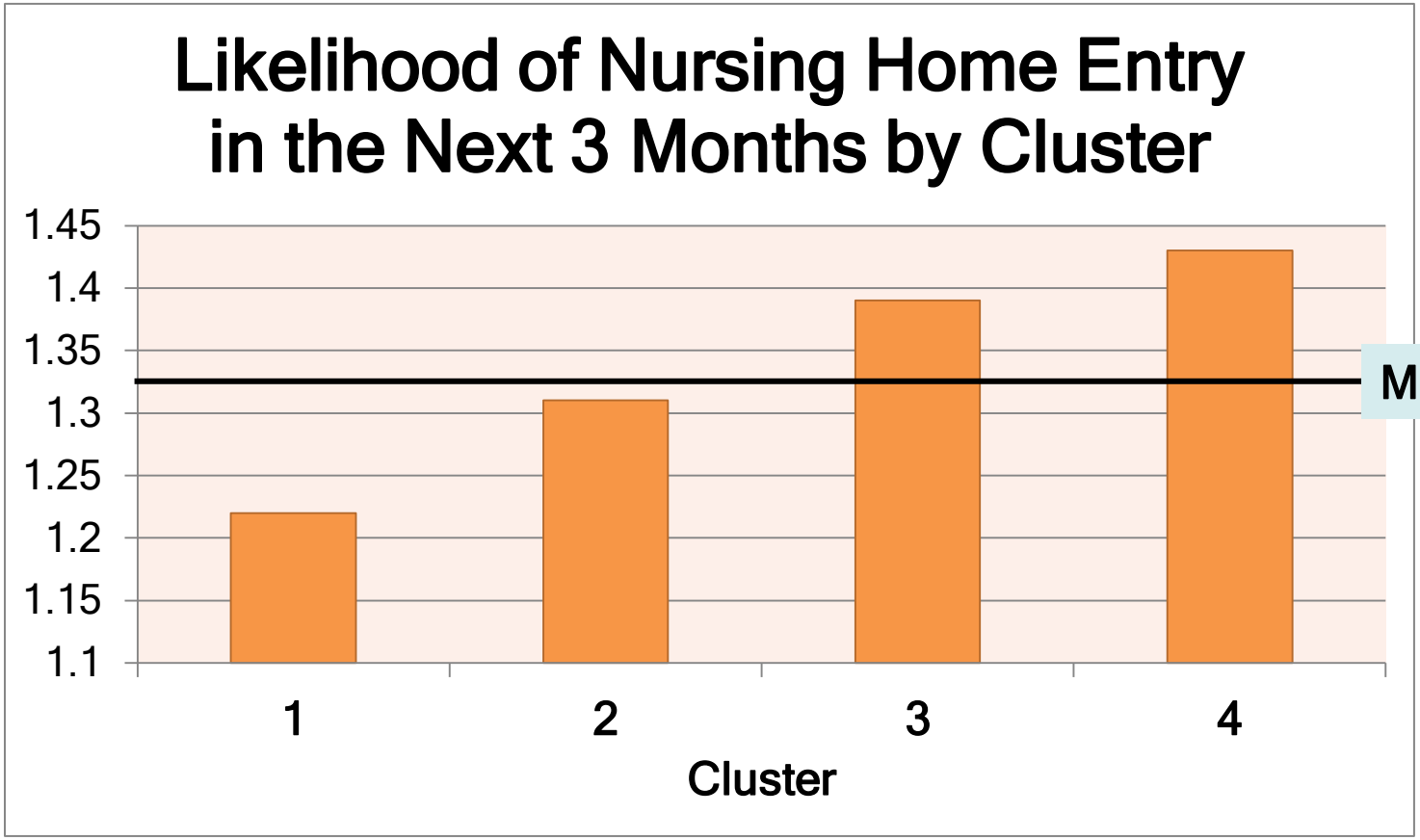
Significant difference between Cluster 1 and 2 & Cluster 1 and 3

Perceived Health Status



Significant difference between Cluster 3 and Cluster 4 (p = .101)

Perceived Health Status



No significant difference between clusters

What does this tell us?

- 16 of the 18 available services were purchased
  - PCS and Homemaker/Companion services + a range of services
  - Highlights the need to provide various service options to reduce the risk of needs going unmet
- Importance of Enabling Resources
  - Length of time caregiving: Respite service associated with *living with adult child* (had been providing care for a longer time period)–caregiver strain
  - Living situation: Association between family support and likelihood of nursing home entry

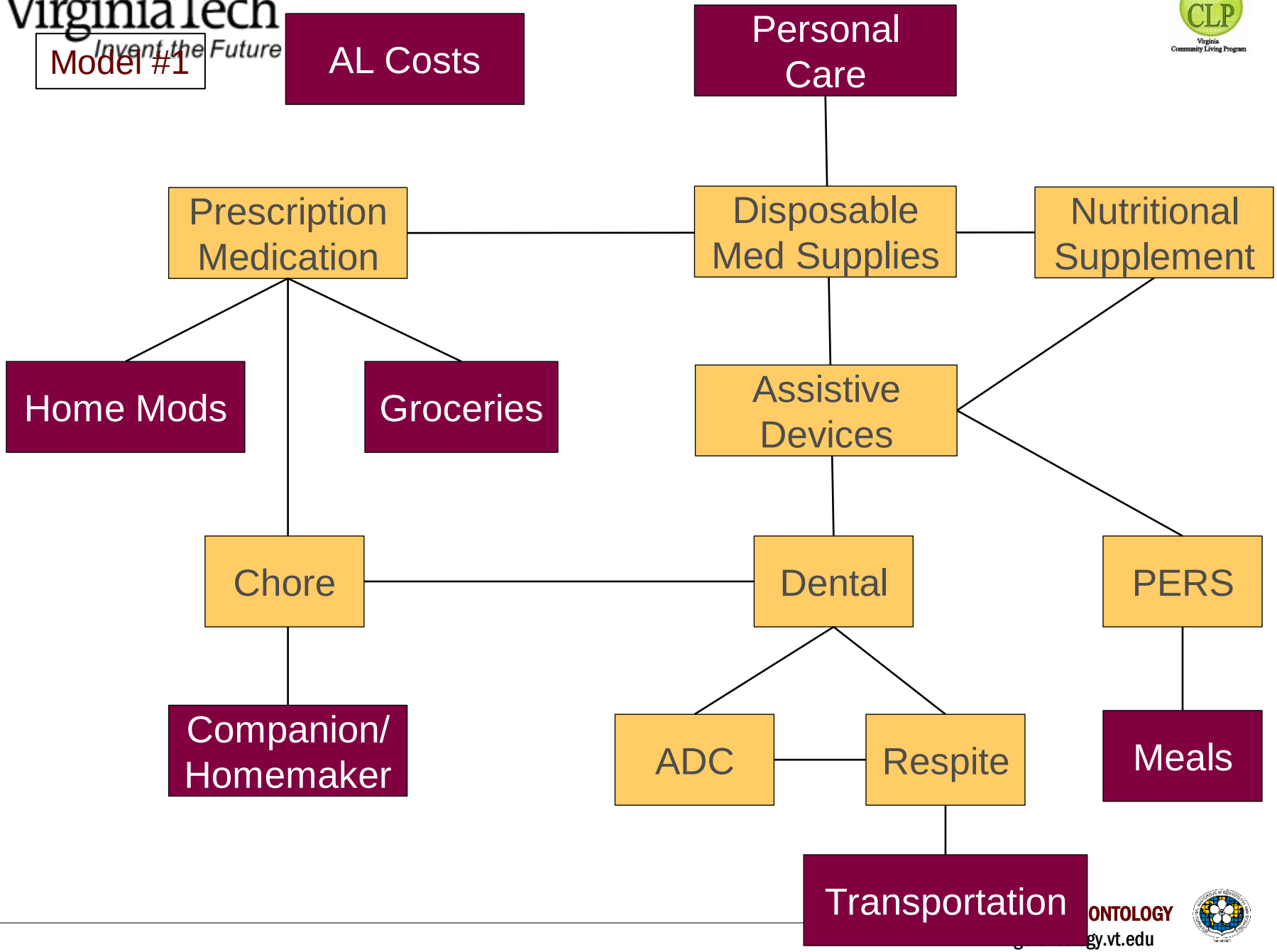
Groups of Services Purchased

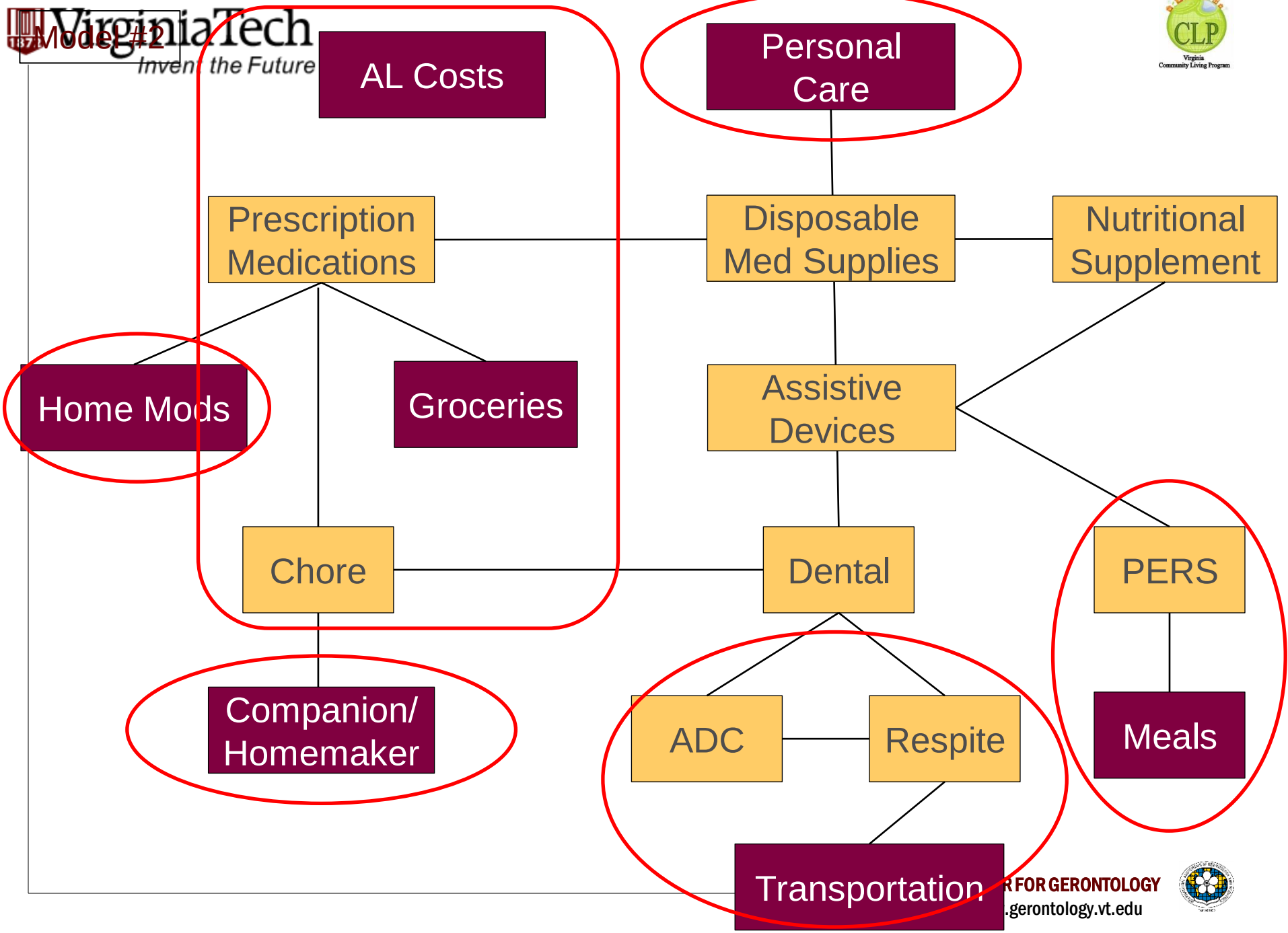
- 7 distinct clusters
- Identified by analyzing purchasing patterns of participants

Menu of Services

- Adult Day Care
- Assisted Living
- Assistive Devices
- Chore
- Companion/Homemaker
- Dental Care (Optional by AAA)
- Disposable Medical Supplies
- Groceries
- Home Delivered Meals
- Home Modification/Housing Rehabilitation
- Nutritional Supplements
- Personal Care
- Personal Emergency Response System
- Prescription Medications
- ~~Recreational Devices~~
- Respite
- ~~Senior Apartments~~
- Service Coordination
- Transportation

Model #1


AL Costs
Personal Care
Prescription Medication
Disposable Med Supplies
Nutritional Supplement
Home Mods
Groceries
Assistive Devices
Chore
Dental
PERS
Companion/ Homemaker
ADC
Respite
Meals
Transportation


AL Costs
Personal Care
Prescription Medications
Disposable Med Supplies
Nutritional Supplement
Home Mods
Groceries
Assistive Devices
Chore
Dental
PERS
Companion/ Homemaker
ADC
Respite
Meals
Transportation

Model #2 Summary

1	2	3	4	5	6	7
Personal Care	Disposable Medical Supplies	Meals	Transportation	Companion/ Homemaker	Home Modifications	Assisted Living Costs
	Nutritional Supplements	PERS	Respite			Groceries
	Assistive Devices		Adult Day Care			Medications
	Dental					Chore

Using Service Clusters

Service clusters do not predict need

Useful in

- developing HCBS programs
- identifying short-term and long-term service needs.

Services linking clusters

- serve as markers or potential transition points to consider when planning current and future needs

Discussion

- The CLP
  - intervened before clients' needs were too dire.
  - capitalized on the strengths of informal caregiving.
  - allowed older adults to identify the services they need.

Discussion cont.

Organizing services and service delivery with greater potential to meet older adults' care needs

- Targeting enabling resources of clients
- Providing preventive service options
- Supplementing informal caregiving efforts with services and supports
- Prioritizing widespread availability of PCS and Homemaker/Companion services

CLP Sustainability

- Letters of commitment
- Lack of continued funding
  - No new grant opportunities
  - State budget reductions
  - OAA not reauthorized
  - Only Title IIIB funding available

Implications

A primary concern for practitioners and policymakers: how to provide HCBS that address comprehensive care needs of the growing population of older adults in the United States?

- National care policies
  - assumption that familial support is available and reliable
  - perceived likelihood of nursing home entry

Implications cont.

- Program planning
  - Findings suggest necessity of formal services to supplement informal care outside the realm of traditional family structures
  - For preventive care to be effective, service agencies must identify and address comprehensive needs of clients before needs are too dire
- Policy initiatives
  - Economic incentive for federal and state governments to support HCBS programs such as CLP

Future Research

…a crossroad to determine *how* to efficiently and effectively advance and incorporate a system of preventive health care for vulnerable older adults

- Dynamic interplay among individuals' needs and disabilities
- Frequency of service use
- Alternative informal care options
- Long-term outcomes for both individual users and their caregivers

Questions
&
Comments

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