

Rebalancing Research

Presentation of 1st year Report
February 22, 2006

General Findings

- States are moving towards greater HCBS and greater choices for consumers
- Substantial diversity in state approaches with some common threads

Commonalities

- Attention to state organization
 - Usually towards consolidation
- Strong vision statements in statute & permeating documents/websites
- Leadership consistency
- Legislative involvement
- Consumer & provider stakeholders involved
 - Less self advocacy presence for aging
- Broadened array of services
- Consumer directed services
- Strategic use of grants (RCSC + others)
- Use of web—development of user friendly info systems

Variations

- Number and organization of HCBS waivers
- Use of state plan
- State organization
- Local entry structures
- Level of consistency across subgroups
- Budgeting mechanisms
- Plans for managed care

ARKANSAS

- Management approaches
 - Creative use of developmental grants
 - Consumer direction and cash options (seniors included)
 - Innovative approaches to empowering & training consumer stakeholders
 - Innovative consumer information supports
 - Nurse delegation
- Challenges
 - Institutional emphasis in MR/DD
 - Persistent high NH expenditures given low occupancy
 - Lack of fast track entry

Florida

■ Management Strategies

- Focus on NH quality and standards
- Mandated LTC provider training
- Private Managed Care Organizations
- Expansion of DD capabilities
- Consumer direction

■ Challenges

- Complex bureaucracy
- Complex service provision (e.g. ALs)
- Litigious environment
- High proportion of elderly

Minnesota

■ Management Strategies

- LTC (long range and short)
- Community Directed Social Supports Structure
 - Fiscal agents, readiness process
 - Consumer manuals and training
- Cross-county and cross-target group equity
 - Aggregate budget allocation
 - “Universal assessment” & service planning
- MSHO & MnDHO for duals and managed LTC for seniors
- Consumer information
- Long Term Care Consultation (LTCC)
- Housing-with-Services Model of Assisted Living

■ Challenges

- County autonomy
- Differences in options for 65+ versus others
- Figuring out future of housing-with-services

New Mexico

■ Management Strategies

- Personal Care Option in State Plan
 - Living wages for workers built into strategy
 - Either agency or IP
 - Family members may be providers under either mode
- Consumer directed services
- Interagency collaboratives (i.e. state agencies)
 - Modeled in behavioral health
- Allocation management thru central MCO contract

■ Challenges

- Remote, sparsely populated areas
- Local case management network not developed

Pennsylvania

■ Management Strategies

- Governor's Office of Health Care Reform as catalyst for system change
- Fast track eligibility pilot program
- Housing and labor force initiatives
- NH downsizing
 - County homes

■ Challenges

- Imbedded case management structure
- Separation of Aging and Disability
 - state and local, data systems
- Complex organizations
 - Bringing fast track to scale statewide
- Personal Care Homes not in waivers (quality concerns)

Texas

■ Management Approaches

- Massive state reorganization on functional lines
- Money Follows the Person
 - Applied to large numbers of very old people
- Targeted Relocation Assistance
 - MDS aggregate data on preference to move posted
 - Site-contracted relocation specialists have individual names
- Consumer direction
 - Built into state-plan personal care option (Primary Home Care)
 - Seniors and physical disability under 65 have same choices
 - Service Responsibility Option (SRO)
- Build on & engage strong consumer advocacy constituencies

■ Challenges

- Managing local delivery system
 - across vast distances
 - with autonomous contracted agencies
- Extensive “interest lists” awaiting waiver slots
- Expanding \$ follows the person to MR waiver
- Increasing funding to permit richer service plans for people with high disability

Vermont

■ Management Strategies

- Consumer directed services
- Developmental disability model almost 1-1 companionship model
- Plan to uncouple NF eligibility and waiver
- Strong local involvement with quasi-official roles for home care and DD providers in geographic region
- State reorganization along functional lines

■ Challenges

- Determining how to plan for number and type of nursing homes as HCBS system moves ahead
- Developing better and more community based mental health services

Washington

- Management strategies
 - Unified approach to disability of all ages
 - Consolidated state management
 - Sophisticated IT and well developed assessment and care allocation
 - Decentralized state offices for allocation
 - Support Independent Provider models (Home Care Quality Authority)
 - Fast track and presumptive eligibility
 - NF transitions
 - Innovative quality initiatives
- Challenges
 - IP Unions a major political force
 - About 1000 persons with MR/DD reside in State Regional Centers
 - CARES system modification for MR/DD
 - Plans for HCBS for difficult populations—mental health

What data tell us so far

- All 8 have trend towards greater investment in HCBS for all populations
- AR, MN, TX, VT, and WA have historically been in upper tiers of HCBS expenditures and all have made further strides
- NM effected dramatic change towards greater balance within a short time frame
- State variation in patterns of aggregate expenditure and cost per person served by program
- NH case acuity has not gone up as HCBS options increased

What States are Working on

- Labor force efforts
- IT capacity
- QI appropriate to HCBS directions
- Practical housing initiatives
- Streamlined access
- Managed care initiatives
- Improving chronic disease management
- Mental health initiatives at the community level
- Big picture planning
- Efficiency and cautious re-consideration of value of \$\$ spent on historically high-cost population groups

GRAPPLING WITH BIG PICTURE

- What should services system look like?
- How will severe health problems be managed within an HCBS system. How about mental health problems.
- How to ensure community residential settings really are settings where consumers have choice. How not to create different institutions in HCBS column.
- How to think of waivers as vehicle now with current successes? Is state plan a better vehicle?
- What about capitated managed care? How can it be used in service of rebalancing?
- Does case management as it emerged in 1980s and 1990s need radical make-over for new realities?