

ADVANCING STATES



Leadership, innovation, collaboration
for state Aging and Disability agencies

Long Term Services and Supports – A Continuum

Montana State Legislature
Health and Human Services Sub-Committee 2023

Today's Speakers – Martha Roherty and Camille Dobson

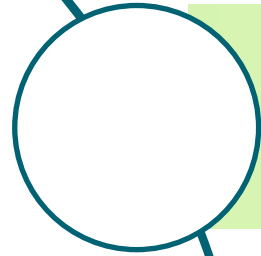


- Executive Director
- Former ED of Medicaid Directors Association
- Lead on LTSS Systems Redesign and Workforce Policy

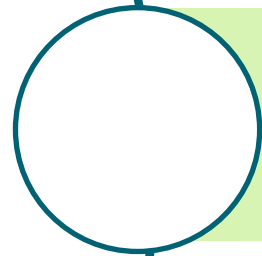


- Deputy Executive Director
- Former CMS Sr. Policy Advisor
- Lead on Medicaid LTSS policy

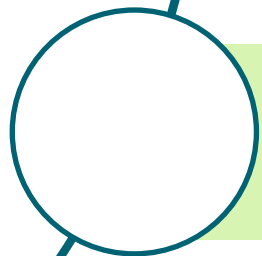
Presentation Outline



Overview of ADvancing States



Long-Term Services and Supports –
Context and State Opportunities



Strategies to Sustain LTSS Systems

Our Vision:

Older adults, individuals with disabilities, and their caregivers will have access to the resources they need to live well & thrive in every community.

Our Mission:

To design, improve, and sustain state systems delivering long-term services and supports for people who are older or have a disability, and their caregivers.



ADvancing States contributes to shared success:

For state agencies:

We provide a state-to-state exchange of information that informs and enhances policy and program development, reaching beyond departments focused on aging and disabilities.

For federal partners:

We deliver accurate, timely, national and state specific information vital to the interests of older adults and persons with disabilities and their caregivers.

For the networks:

We contribute to meaningful collaboration among partners, including other national associations, to achieve desired results.

For individuals:

We enhance the ability to live healthy, safely and engaged in all communities with appropriate services, supports and opportunities.

Provide Leadership, Technical Assistance, and Policy Support to State LTSS Systems in the Following Areas





Long-Term Services and Supports – Context and State Opportunities

Long-Term Supports & Services (LTSS) Continuum of Care

What is LTSS?

- Broad category of medical and social services that help older adults and individuals with disabilities perform activities of daily living and instrumental activities of daily living
- Typically fall under two broad service categories, institutional (nursing facility or intermediate care facility) and home and community based services (HCBS)

Growing Need

- Approximately 70% of Americans will require LTSS in their lifetime
- People over 85 require five times as much help with personal care as those 65-74

Aging in Place

Americans overwhelmingly desire to “age in place” and stay in their homes



Community Preference: 80% of Americans born before 1960 and 92% born before 1945 wish to remain in their communities as long as possible



Cost-Effective: Median annual cost in 2021:

- | | |
|--------------------------------------|-----------|
| - Nursing Facility: | \$108,405 |
| - Assisted Living: | \$54,000 |
| - Home and Community Based Services: | \$25,900 |

Profile of LTSS in Montana

92% of people born before 1945 wish to age in place.

Montana is ranked 45th in percentage of low-care nursing home residents by America's Health Rankings for Seniors.

Montana has some of the lowest nursing home census rates in the country. As of the fall of 2022, only 53% of available licensed beds were filled.

The state is ranked 43rd for ADRC/No Wrong Door functions.

1 in 4 nursing home residents in Montana do not require acute care.

Montana is ranked 38th in family caregiver support.

Montana is one of only 10 states that reported staffing shortages in 9 out of 10 facilities.

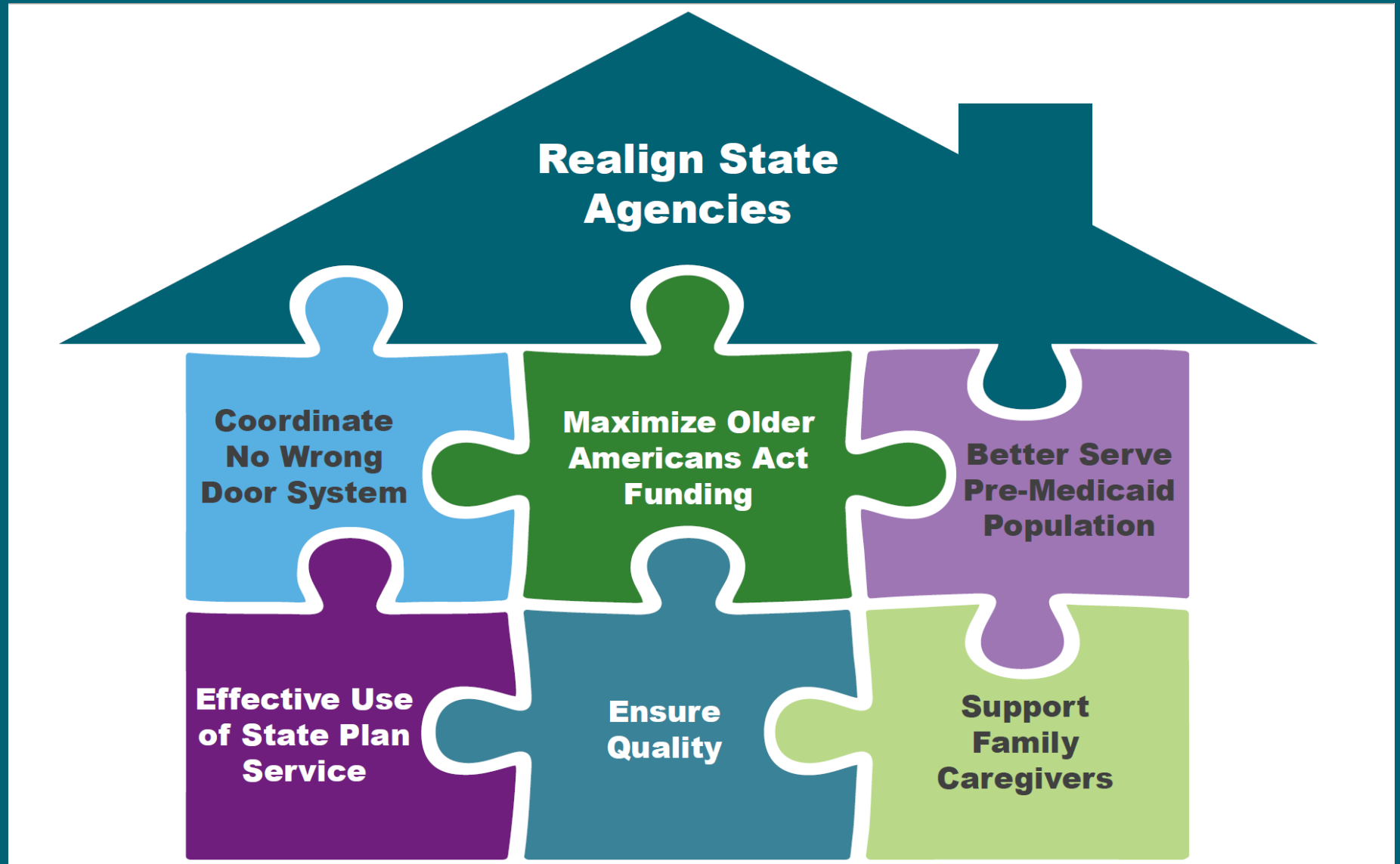
26% of Montana's population is 60+, ranking sixth in the US. This percentage is expected to increase to 30% by 2030.

Montana is ranked 27th in the AARP LTSS Scorecard. Its ranking has not significantly improved since 2008.

Institutionalized individuals make up 43% of the Medicaid LTSS population, but account for 62% of Medicaid LTSS spending.



Strategies to Improve LTSS Outcomes

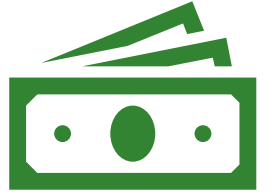


Coordinate No Wrong Door Systems



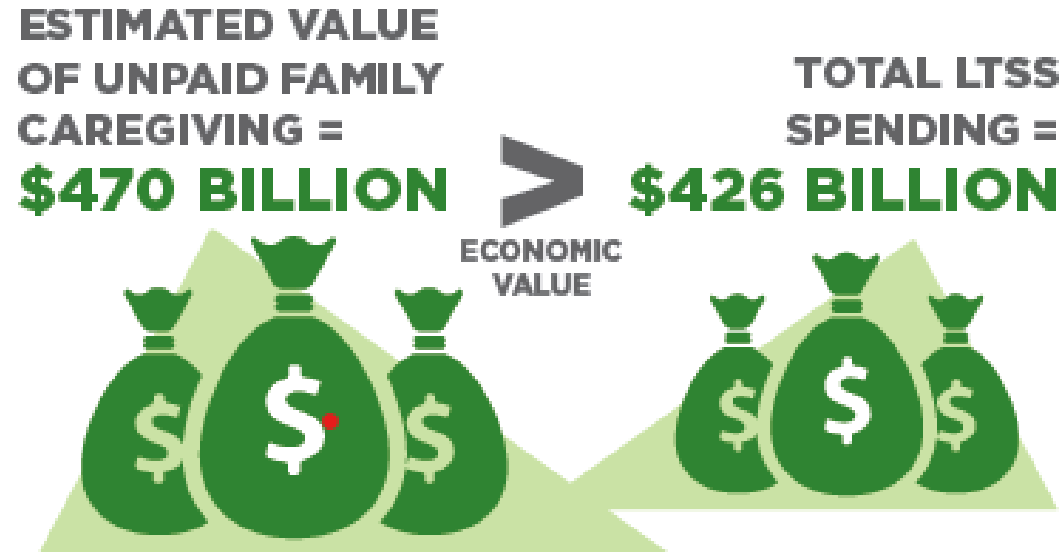
- Individual contacts any organization that is part of the access network and is connected/transferred/referred to the right person/organization to access services and supports, including:
 - Senior Centers
 - LTC Ombudsman
 - Home Delivered Meals
 - State Health Insurance Program (SHIP)
 - Senior I&A
 - Mountain Pacific Quality Health (level of care assessments)
 - Medicaid State Plan and Waiver Services
- Successful No Wrong Door Systems have leadership support, create standards for person-centered practices, train staff, and help individuals maximize the use of private resources before they spend down to Medicaid

Maximize Older Americans Act Funding



- Older Americans Act (OAA) funding is designed to support older adults as they age in their communities.
- Federal funding for the OAA is not sufficient to support the growing population of seniors.
- Many states supplement OAA with state funding to support services with the highest demand and impact, including:
 - Services that target dementia, such as adult day health for individuals with dementia
 - Services that target and support family caregivers and informal supports, such as respite and training programs
 - Home delivered meals

Support Family/Unpaid Caregivers



Montana family caregivers provide 96 million hours of care—worth an estimated \$1.4 billion per year.

Better Serve Pre-Medicaid Population



Strategies for serving older adults before they qualify for Medicaid-funded LTSS:

- Recognize that delivering a limited set of services can delay need for more expansive and expensive Medicaid LTSS.
- Develop state-funded programs to deliver a targeted set of LTSS diversion services to individuals 'at risk' of meeting LTSS eligibility criteria.
- Use 1115 demonstration authority to get Federal match for targeted set of benefits for 'at risk' individuals

Effective Use of State Plan Services



Community First Choice and Personal Assistance Services are often the first Medicaid HCBS access point for individuals



States are implementing validated assessment and authorization tools that align with other LTSS assessments



Strategic use of state plan services - including keeping Medicaid adults 55-64 healthy - can help delay functional decline and more costly institutional LTSS services

Ensure Quality in LTSS



- Person-centered care is critical to positive outcomes for LTSS users – in all settings
- Consumer quality of life surveys (e.g. NCI-AD™) for HCBS can provide important information for system improvement
- States hearing the voice of the consumer are ahead of the game to meet new Federal HCBS quality measure requirements



Strategies to Sustain LTSS Systems

More Rapid Access to HCBS

- System can deliver institutional services more quickly than HCBS because institutional providers are able to provide services at risk and receive payment retroactively
 - For HCBS, full eligibility and plan of care must be in place prior to delivering services
- States are seeking ways to expedite eligibility for HCBS services

Diversifying Settings that Deliver HCBS

- States have encouraged institutional providers to transition to providing HCBS, including assisted living and adult day services
- Requires creativity/persistence by states/providers as Federal HCBS settings regulation place higher standard for 'community-based' care on formerly institutional settings
 - Heightened scrutiny
 - Ongoing assessment of community nature

Improving Quality through Value-Based Payment

- Much more prevalent in nursing facility settings than HCBS
- 2022 AHCA/NCAL study¹ identified 24 states with VBP programs for nursing facilities
 - Colorado – includes structure, outcomes and resident satisfaction measures to provide per diem add-on
 - Georgia – includes clinical, family satisfaction and staff retention measures to provide % add-on to base rates
 - Kansas – uses state assessment of facility's person-centered care approaches to provide rate add-on
 - Nebraska – uses CMS Star Ratings to provide additional payment
 - Tennessee – uses resident/family satisfaction, staff training/retention and clinical measures to provide additional payment

¹ <https://www.ahcancal.org/Data-and-Research/Center-for-HPE/Documents/CHPE-Report-A%20Review%20of%20NH%20Medicaid%20VBP%20Programs%2002.23.2022.pdf>



Questions

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