PICKING UP THE PACE OF CHANGE

A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers



Jean Accius, Ph.D. California Summit on Long-Term Services and Supports October 25th, 2017

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If you don't know where you are going, any road will get you there.

--Lewis Carroll





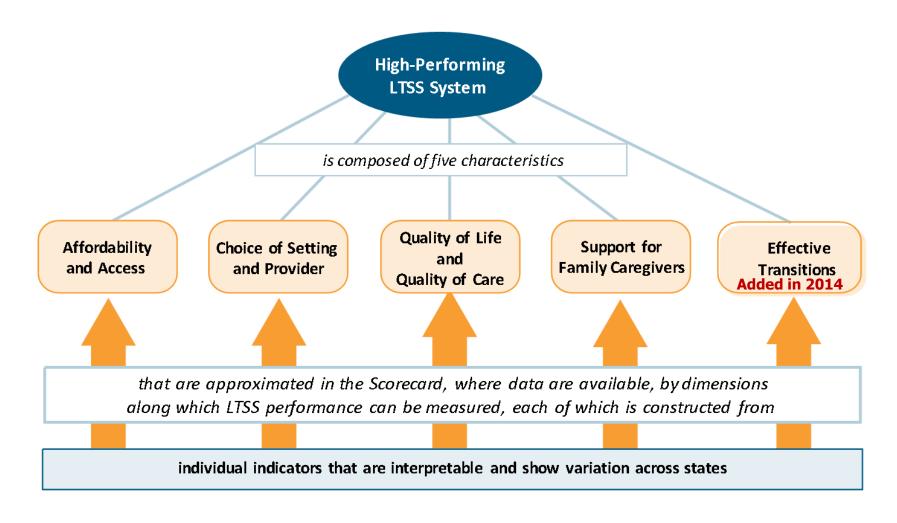
What is the Scorecard?

- Concise performance tool to put long-term services and support (LTSS) policies and programs in context, prompt dialogue, and spark action
- Multidimensional approach to comprehensively measure performance over time
- Target areas for improvement
- View from a consumer perspective
- Engage public and private sectors





Framework for Assessing LTSS System Performance



Source: State Long-Term Services and Supports Scorecard, 2017.

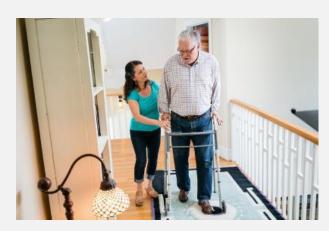
Dimensions & Indicators

- Five dimensions are represented in the Scorecard.
- Each dimension comprised of 3-6 indicators for a total of 25.
- Criteria for indicators:
 - Important and meaningful, conceptually valid, easy to interpret with clear directionality and
 - Must be available for all states and the District of Columbia and updated regularly.



The Role of Public Policy





Public policy plays an important role in LTSS systems by establishing:

- Who is eligible for assistance
- What services are provided
- How quality is monitored
- The ways in which family caregivers supported
- Provisions to facilitate effective transitions

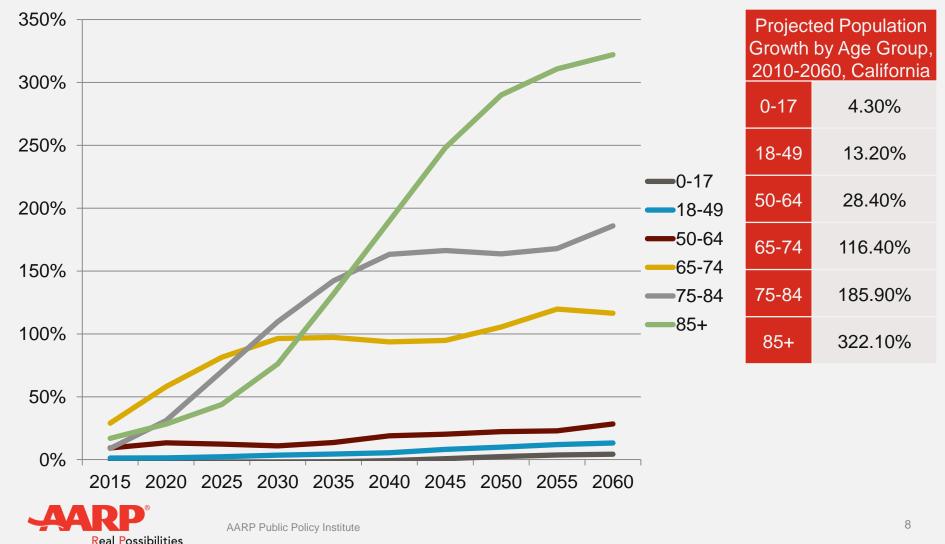


LTSS STATE SCORECARD: CALIFORNIA HIGH LEVEL FINDINGS



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Demography is Destiny: California Population Projections by Age Group, 2010-2060



Dimension: Affordability and Access

Consumers are able to easily find and afford the services they need and there is a safety net for those who cannot afford services.

Affordability and Access includes:

- The relative affordability of private-pay LTSS
- The proportion of individuals with private long-term care insurance
- The reach of the Medicaid safety net and the Medicaid LTSS safety net to people with disabilities who have modest incomes
- The ease of navigating the LTSS system



Affordability and Access: Ranked 19

N	Nursing home affordability	34	
Z	Home care affordability	19	
2	Private LTCI	27	
	Reach of Medicaid safety net	6	\checkmark
	Reach of Medicaid LTSS safety net	5	$ \longleftrightarrow $
	ADRC functions	50	*



Median Household Income in California for Adults 65+ is less than \$50,000

Nursing Home Private Room	\$112,055	More than twice (249%)* the typical income for an older household.
30 Hours/ Week of Home Care	\$35,880	More than three-quarters (77%)* of median income for an older household.
Private Long-Term Care Insurance Policies	806,828	46 out of every 1,000 people age 40+ have a LTCI policy

* These ratios are calculated at the market, not state-level and may not be exactly equal to the ratio of state median cost to state median income.



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Dimension: Choice of Setting and Provider

A person- and family-centered approach to LTSS places high value on allowing consumers to exercise choice and control over where they receive services and who provides them.

Choice of Setting and Provider includes:

- The balance between institutional services and HCBS;
- The use of community services first;
- The extent of participant direction;
- The supply of home health aides and availability of alternatives to nursing homes; and
- Subsidized housing opportunities

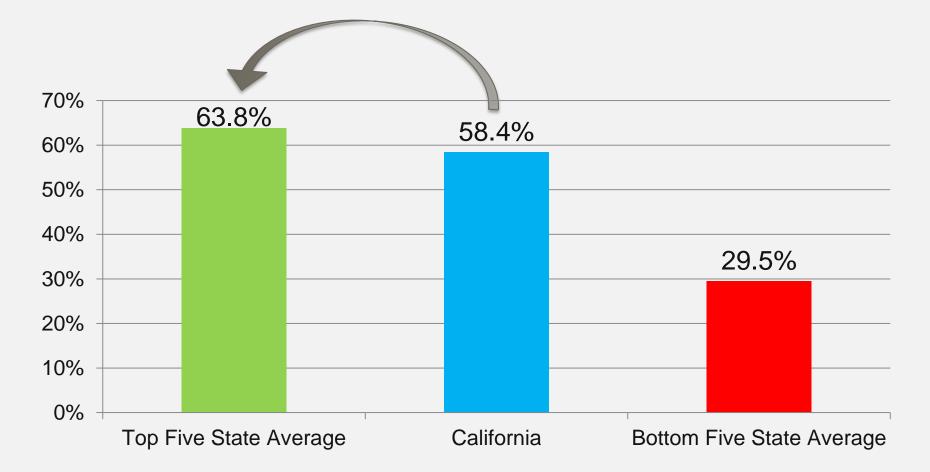


Choice of Setting and Provider: Ranked 3

2	Medicaid balance	6	
2	Medicaid new users	6	\checkmark
	Participant direction	1	*
	Home health aide supply	8	
	Assisted living supply	15	×
Z	Subsidized housing opportunities	24	

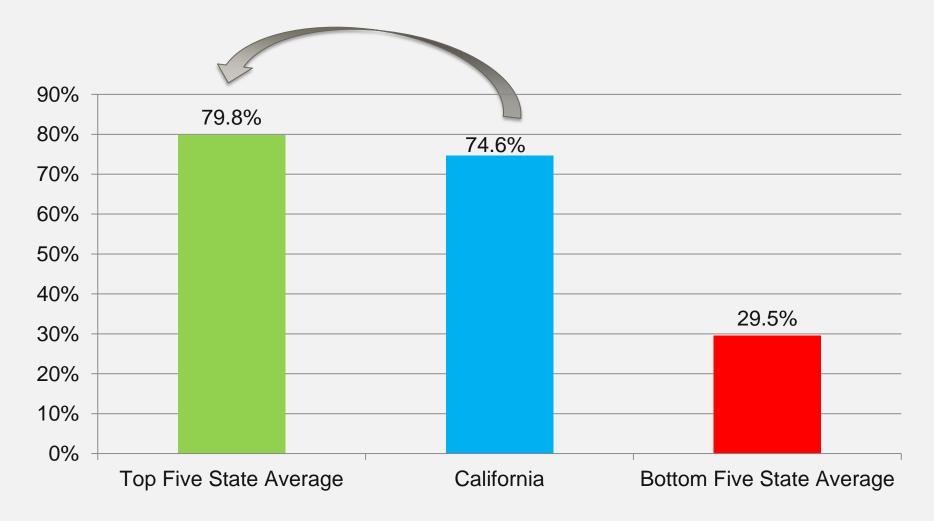


State Variation: Medicaid LTSS Spending Toward HCBS





Medicaid LTSS Balance: New Users





Subsidized Housing Opportunities

- More affordable and accessible housing are needed to help people remain in their homes and communities
- Captures the total amount of subsidized housing opportunities including place-based units and Housing Choice Vouchers—as a percentage of the total number of housing units in a state
- 28 states increased the percentage of housing units that can potentially be subsidized since 2011, but demand continues to outpace supply



Dimension: Quality of Life and Quality of Care

Services maximize positive outcomes and consumers are treated with respect. Personal preferences are honored when possible.

Quality of Life and Quality of Care includes:

- Level of employment of people with disabilities living in the community; and
- Quality of care in nursing homes, including inappropriate use of antipsychotic medications, and prevalence of pressure sores in highrisk residents.



Quality of Life and Quality of Care: Ranked 21

Employment – adults w/ disabilities	35	
Nursing Home - pressure sores	31	
Nursing Home - antipsychotic use	5	\checkmark



Dimension: Support for Family Caregivers

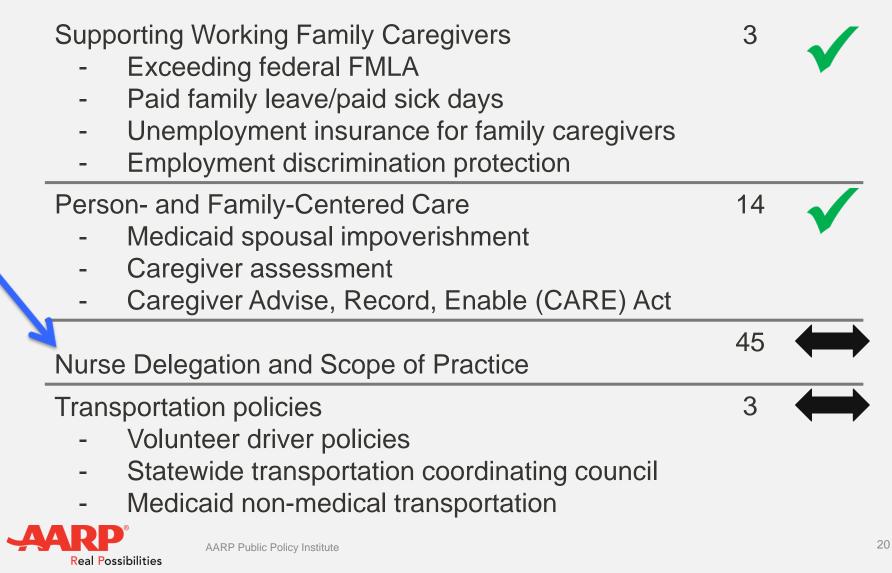
The needs of family caregivers are assessed and addressed so they can receive the support they need to continue their essential roles.

Support for Family Caregivers includes the extent to which:

- Legal and system supports provided by states to support working caregivers and person- and family-centered care;
- Registered nurses are able to delegate health maintenance tasks to non-family members and nurse practitioner scope of practice, which can significantly ease burdens on family caregivers; and
- Transportation policies enable accessible public transportation for older adults, people with disabilities, and caregivers.



Support for Family Caregivers: Ranked 8



Dimension: Effective Transitions

Person- and family-centered care is designed to look at the whol person and his or her needs and preferences, including meaningfully involving the individual's family caregivers.

Effective Transitions includes:

- Nursing home residents with low care needs;
- Home health and nursing home hospitalizations;
- Burdensome hospital transitions at the end of life;
- Nursing home residents who have stays of 100 days or more;
- Transitions from nursing homes back to the community.

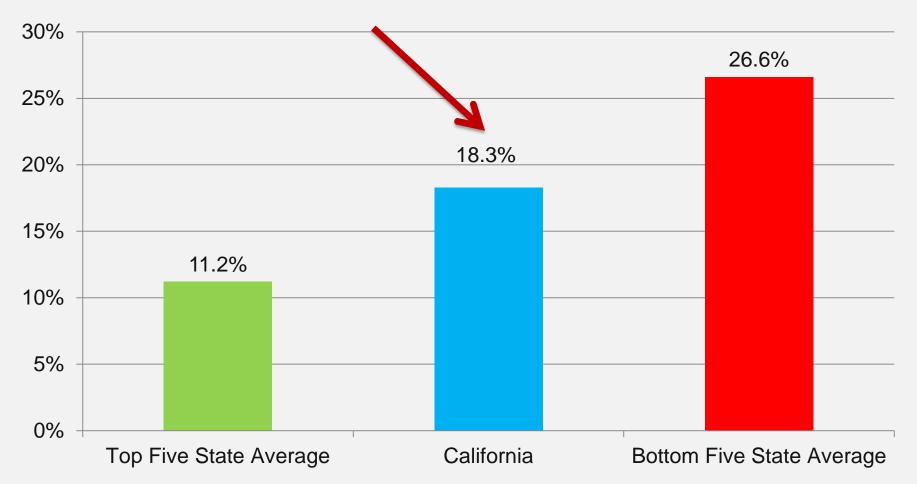


Effective Transitions: Ranked 22

NH residents with low care needs	20	
HH - hospitalizations	17	
NH - hospitalizations	35	
Burdensome transitions	44	\checkmark
Burdensome transitions Long nursing home stays	44 25	



State Variation: Long Nursing Home Stays



Data: Carol Irvin et al., Pathways to Independence: Transitioning Adults Under Age 65 from Nursing Home to Community Living (Cambridge, MA: Mathematica Policy Research, 2012), table 5, Indicators of performance of state long-term services and supports Systems.



Source: State Long-Term Services and Supports Scorecard, 2017.

State Strategies to Address Long Nursing Home Stays

- Identify and transition new residents back to community
- Divert hospitalized patients to home with supportive services at point of discharge
- NH quality improvement
- Payments to downsize and diversify NH industry
- Statewide information, outreach, and education
- NH preadmission screening to counsel patients and families about community care options

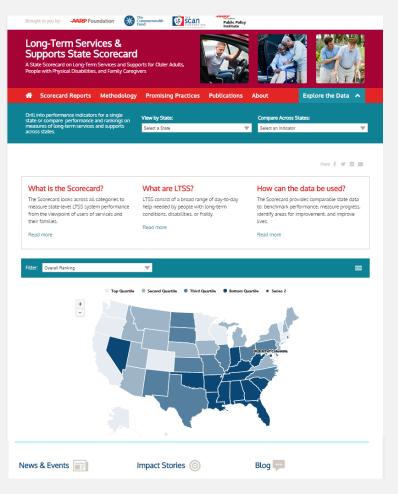


If California improved its performance to the level of the average of the top-five performing states:

- **1,471,615** more people would be covered by private LTCI.
- **176,180** more people of all ages would receive Medicaid LTSS to help them with daily activities.
- **773,247** more place-based subsidized units and vouchers would be available to help low-income people with LTSS needs afford.
- **34,370** more people with ADL disability would be employed
- **\$573** million more would go to HCBS instead of nursing homes.



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Content

- Full Report & Detailed Findings by Dimension
- Change and Ranking Methodology
- State Data and Fact Sheets
- Maps and Graphics
- State-by-State Interactive Comparisons with Downloadable Data Tables
- Promising Practice Reports
- Impact Story Videos



THANK YOU

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