THE IMPACT OF ROBUST HOME- AND COMMUNITY-BASED SERVICES AMONG DUAL ELIGIBLES IN CALIFORNIA

Steve Kaye, PhD & Carrie Graham, PhD MGS

Community Living Policy Center

University of California, San Francisco

STUDY PURPOSE

To examine the impact of differing levels of home- and community-based services (HCBS) on unmet needs for personal assistance services (PAS), adverse outcomes, and social participation of dually eligible adults in California.

LONG-TERM SERVICES AND SUPPORTS

- Long-term services and supports (LTSS) describes an array of support services provided to seniors and people with disabilities.
- LTSS can include both skilled nursing care and personal assistance service (PAS) to help with ADLs or IADLs.
- LTSS can be provided in variety of settings, including institutions (e.g., nursing facilities), home, or other community settings.

HOME-AND COMMUNITY - BASED SERVICES

- Home- and community-based services (HCBS) describe a sub-set of LTSS services that are specifically provided at home or other community settings
- HCBS are often preferable to institutional care
  - People prefer to stay in their homes and HCBS is more cost effective.
  - The *Olmstead* Decision requires states to provide care in “the most integrated setting appropriate to the needs of the individual”

MEDI-CAL HCBS IN CALIFORNIA

- In Home Supportive Services (IHSS) is the most widely used HCBS program in California for those with Medi-Cal
  - Provides PAS in community settings for eligible beneficiaries
  - Eligibility determination and assessment by county Department of Social Services
  - Between 2014 and 2017, Cal MediConnect health plans were tasked with coordinating with IHSS
- C-BAS (formerly Adult Day Health Care)
- MSSP (care management for seniors with complex conditions)

UNMET NEEDS FOR PERSONAL ASSISTANCE SERVICES

- **Nationally, there are substantial levels of unmet need among those who need personal assistance services (PAS)**
- **Unmet needs for PAS are associated with adverse outcomes including:**
  - weight loss, dehydration, falls, psychological distress,
  - missed medication, missed medical appointments,
  - discomfort due to infrequent bathing or changing clothes, inability to get out of bed or leave the home,
  - Increased hospitalizations, Emergency Department visits, and institutionalization
- **Little is known about the extent to which public HCBS programs meet people's needs, reduce adverse outcomes, and improve quality of life.**

STUDY METHODS

- **Randomized Telephone Survey with Dually Eligible Californians**
  - All participants were dually eligible for Medicare and Medi-Cal
  - Analysis was limited to the subgroup who indicated they needed help with daily activities (N=566)
  - About a third were in Cal MediConnect plans
  - About a third were in CMC counties but opted out. They were still in a Medi-Cal managed care plan for their LTSS
  - About a third were in non-demonstration counties.

OUTCOME MEASURES

- **Unmet need for personal assistance services (PAS)**
- **Adverse outcomes of unmet ADL needs**
  - Discomfort due to not being able to bathe
  - Discomfort due to not being able to change clothes
  - Discomfort due to not being able to get to the toilet or change soiled clothes
  - Having to stay in bed because no one was there to help you
- **Adverse outcomes of unmet IADL needs**
  - Making a mistake with medications because it was difficult to keep track by yourself
  - Staying home because you didn’t have help to go out
  - Going without groceries because you didn’t have help shopping
- **Social participation**
- **Life control (the extent to which a beneficiary feels they have control over their own life)**

PREDICTOR VARIABLES

- **Demographics**
- **Health and disability status**
  - Disability type
  - ADL needs
  - Use of mobility equipment
- **Living arrangements**
  - Living alone vs. living with others
- **Delivery system**
  - Cal MediConnect (CMC), opt out, non-demonstration
  - CMC plan asked member’s helper about needs
- **Hours of HCBS**
  - Robust, moderate, or no HCBS

DIFFERENT LEVELS OF HOME AND COMMUNITY BASED SERVICES

- Participants were classified according to the number of Activities of Daily Living they need help with (in three categories: 0–2, 3, and 4–5 ADLs)
- The median number of HCBS service hours/month for each level of need category:
  - Median for people with 0-2 ADLs = 80 hours
  - Median for people with 3 ADLs = 90 hours
  - Median for people with 4-5 ADLS = 107 hours
- **Robust HCBS** = at least 90% of the median HCBS hours for their level of need
- **Moderate HCBS** = less than 90% of the median HCBS hours for their level of need
- **No HCBS** = No HCBS hours

DEMOGRAPHICS OF SAMPLE

	Percent
65 and over	53.2
Female	69.6
White/other non-Hispanic	40.8
African American	19.8
Latino/Hispanic	39.4

	Percent
No high school diploma	36.9
High school graduate	23.7
Some college	39.4
Lives alone	31.6
Lives with others	59.4
Non Household	9.0

HEALTH & DISABILITY

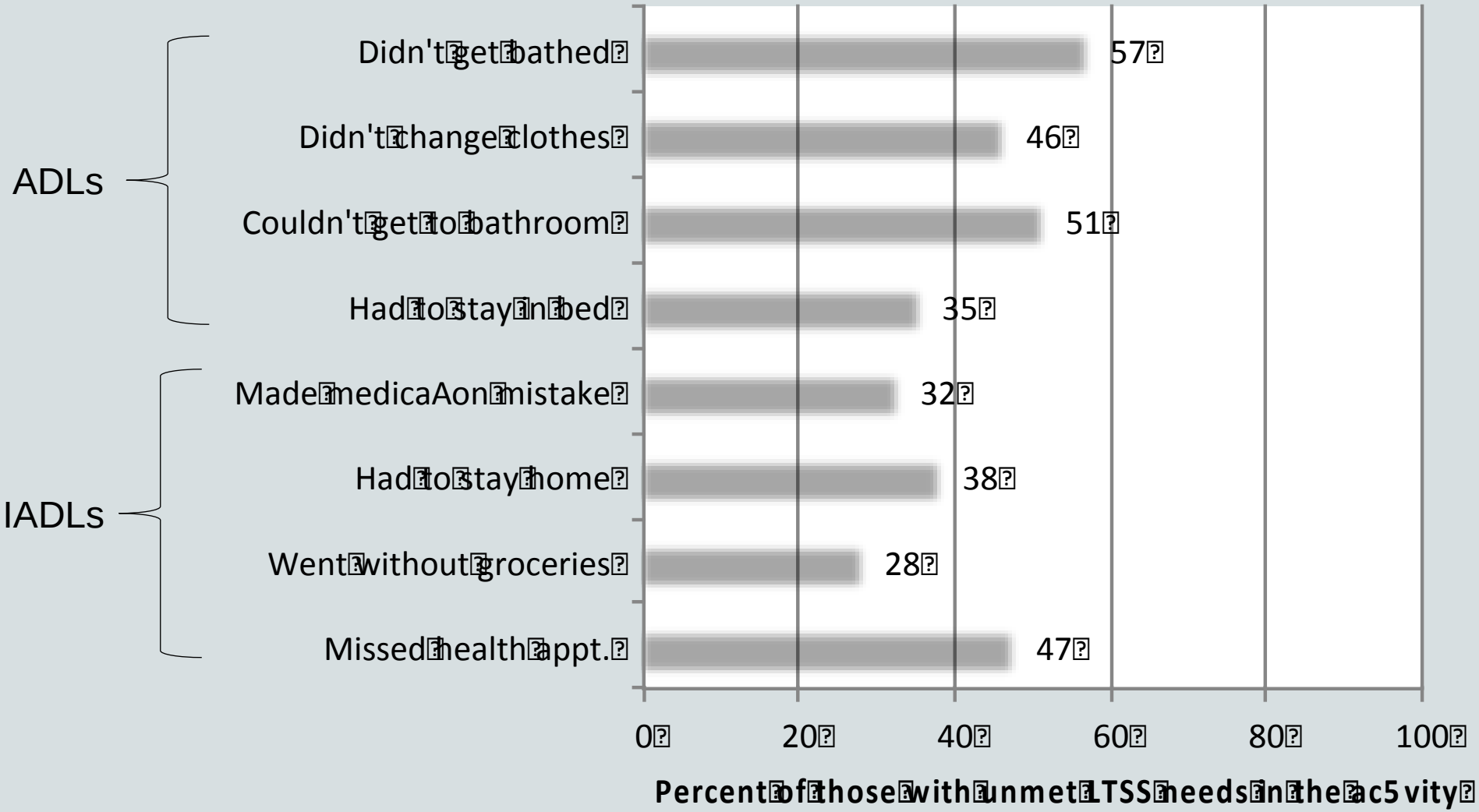
	Percent
Health status:	
Excellent/Good	28.8
Fair	45.1
Poor	26.1
Disability Type:	
Cognitive	51.4
Non-Cognitive	48.6

	Percent
ADL Impairment:	
0–1 ADLs	46.5
2 ADLs	14.7
3 ADLs	14.5
4–5 ADLs	24.4

HCBS LEVELS, UNMET NEED & COMMUNITY PARTICIPATION

	Percent
Robust HCBS	33.4
Moderate HCBS	27.9
No HCBS	38.7
Has PAS unmet need	44.3
Feels in control	58.0
Enough social life	34.1

ADVERSE OUTCOMES OF UNMET NEED



RESULTS: WHAT PREDICTS GETTING ROBUST HCBS?

- Older adults 75 and over (Odds Ratio 1.25)
- African Americans (OR 1.62)
- Those with at least some college (OR 1.08)
- Those with non-cognitive disabilities (OR 1.39)
- Those with 3 or more ADL impairments (OR ~1.45)
- Those who live alone (OR 1.3)

RESULTS: WHAT PREDICTS ADVERSE OUTCOMES?

- **Adverse ADL outcomes are greater for those who have…**
  - Poor health
  - Live alone
  - No home modifications
  - Less than robust HCBS
  - Inability to get needed mobility devices
- **Adverse IADL outcomes are greater for those who have…**
  - Higher educational attainment
  - Fair or poor health
  - Cognitive impairment
  - Less than robust paid HCBS
  - Inability to obtain mobility devices
  - MCO never asked helper about beneficiaries' needs.

RESULTS: WHAT PREDICTS UNMET NEEDS FOR PERSONAL ASSISTANCE SERVICES?

- Higher education/at least some college (Odds Ratio 1.2)
- Fair/Poor health (OR 1.1)
- No HCBS (OR 1.29)
- CMC plan did NOT ask beneficiaries' helper about their HCBS needs (OR 1.09)
- Reported they could not get needed mobility device (OR 1.88)

RESULTS: UNMET NEEDS FOR PERSONAL ASSISTANCE SERVICES IMPACTS SOCIAL PARTICIPATION AND SENSE OF CONTROL

	Unmet needs	All needs met
Feels in control of life (%)	42.5	71.4
Has enough social life (%)	20.2	46.6

RESULTS: UNMET NEEDS FOR MOBILITY DEVICES ASSOCIATED WITH POOR OUTCOMES

- **Those with unmet need for mobility devices are:**
  - Almost twice as likely have unmet needs for PAS (OR 1.88)
  - Three and half times as likely to have adverse ADL outcomes (OR 3.44)
  - Three times as likely to have adverse IADL outcomes. (OR 3.08)

RESULTS: ROBUST HCBS IS ASSOCIATED WITH MORE SOCIAL PARTICIPATION AND SENSE OF CONTROL

	Robust HCBS	Moderate HCBS	No HCBS
Feels in control of life (%)	69.2	63.0	46.1
Has enough social life (%)	41.8	34.8	26.6

RESULTS: ROBUST HCBS REDUCES UNMET NEEDS AND ADVERSE OUTCOMES OF THOSE UNMET NEEDS

	Robust HCBS	Moderate HCBS	No HCBS
Unmet PAS needs (%)	36.5	46.2	51.8
Adverse ADL outcomes (%)	12.6	18.1	28.4
Adverse IADL outcomes (%)	10.1	22.7	35.5

WHAT CAN HEALTH PLANS DO TO REDUCE UNMET NEEDS AND ADVERSE OUTCOMES?

1

ADVOCATE FOR MEMBERS TO GET ROBUST HCBS

2

ASK CAREGIVERS AND HELPERS ABOUT BENEFICIARIES PAS NEEDS

3

PROVIDE MOBILITY DEVICES TO THOSE WHO NEED THEM

WHAT CAN BE DONE TO ENSURE BENEFICIARIES GET ROBUST LEVELS OF HCBS?

State Medicaid programs and managed care organizations that integrate LTSS should ensure that beneficiaries receive a robust level of services congruent to their needs.

Ensure that standardized assessments include a calculation of whether the beneficiary is receiving Low/Moderate/Robust HCBS hours for their level of need.

Include metrics for Low/Moderate/Robust HCBS in contracting requirements and data dashboards.

Establish re-assessment triggers for beneficiaries whose HCBS hours are less than robust.

FOR ANY QUESTIONS, PLEASE CONTACT:

Carrie Graham

clgraham@berkeley.edu

Steve Kaye

steve.kaye@ucsf.edu