




Creating the Analytic Framework for Home and Community-Based Services

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The Hilltop Institute Symposium
Home and Community-Based Services:
Examining the Evidence Base for State Policymakers
June 11, 2009

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Objectives

- Provoke critical thinking
- Explore questions, such as...
 - What is HCBS?
- Debate the role of evidence in policymaking
- Set the stage for - “What is the state of the evidence regarding balancing?”

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HCBS: What is It?

- “Home”, privacy, my things, my way...
- We love it, but...
 - Do we know it when we see it?
 - Is it something in one state and something else in another?
 - Does age or disability have anything to do with how we define it?

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HCBS: Definitely?

- Your “home” – whether owned or rented (without Medicaid dollars please)
- No license required
- Debate about assisted living “apartment”

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HCBS: Definitely, Maybe

- Your relative's home
 - No license required, unless money is involved
 - Adult Foster Care, except does not count for MFP if more than 4 people
 - Assisted Living, even if hundreds of units (but not for MFP)

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HCBS: Definitely NOT

- A licensed nursing home or ICF/MR
- Even if it is a “small home” (Green House), private rooms, “resident-centered”
- Medicaid will pay for room and board in this “non-home”

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Evidence

- What is the role of evidence in policymaking?
- Will “better” evidence accelerate balancing?
- Rationale-empirical model of change

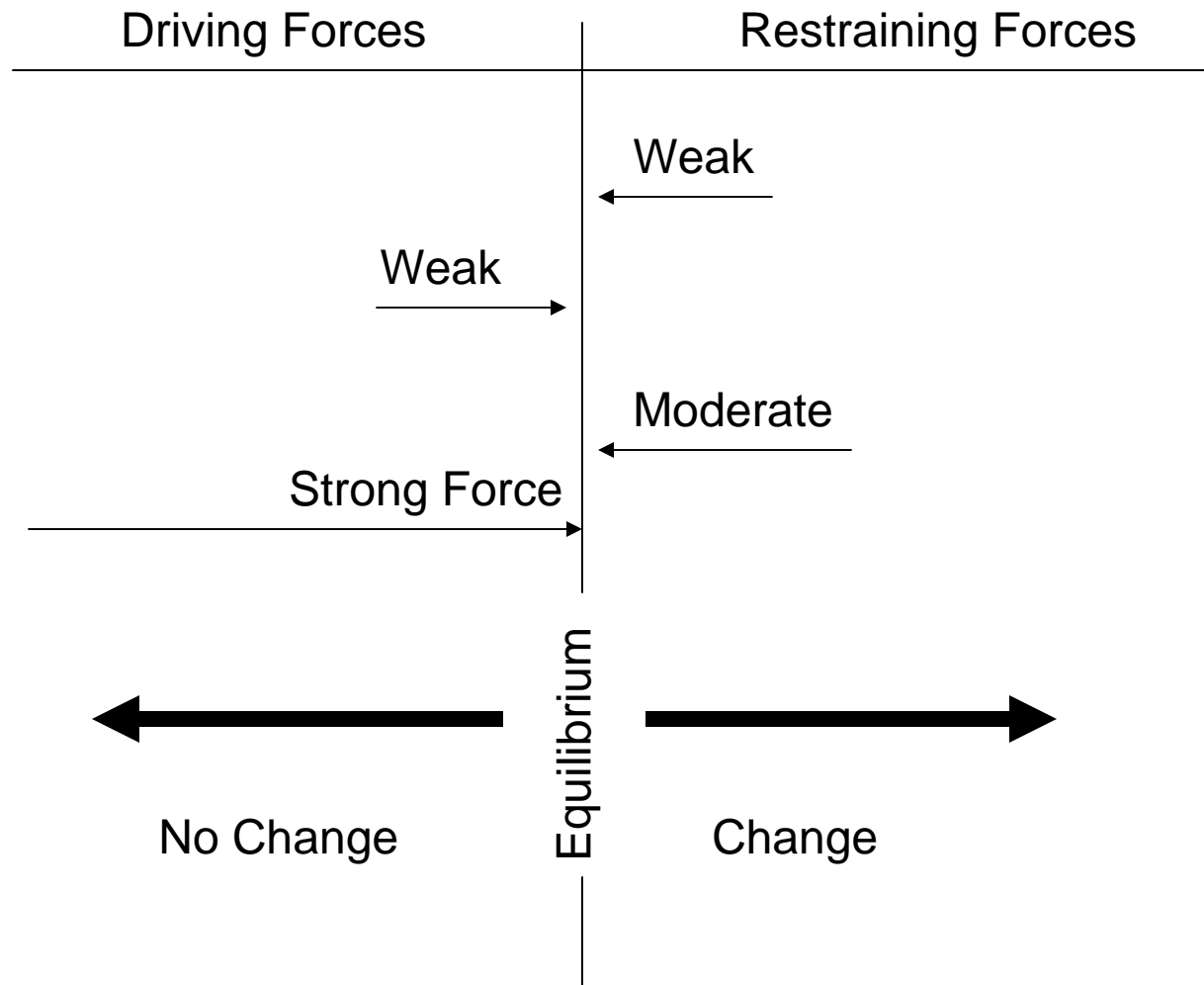
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Kingdon's Policy Streams Model

- Problem Stream
- Policy Stream
 - Floating in search of problems
- Political Stream

Lewin's Force Field

Unfreeze, Move, Refreeze



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Restraining Forces: Can Evidence Reduce Them?

- Too complex
- Other pressing issues
- Overwhelmed by demographics
- Inertia – only do entitlements
- Lack of strong infrastructure to manage
- Lack of consistent, knowledgeable leadership at state level



Restraining Forces: Can Evidence Reduce Them? cont...

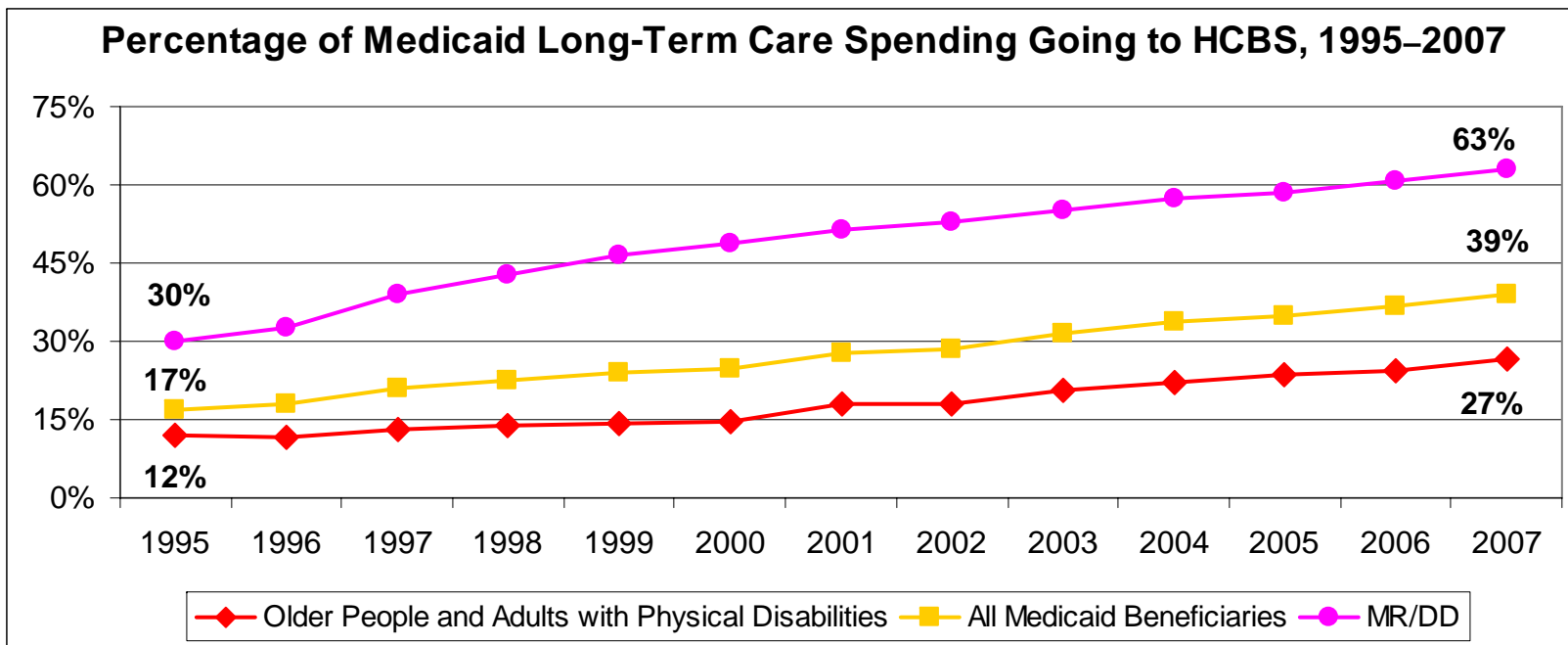
- Resistance from institutional providers in the name of “HCBS quality”
- State Budget officers concerns about “woodworking” and “backfill”; targeting
- Medicare/Medicaid disconnect

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Are State Policymakers Unconvinced?

...that they should invest in HCBS/Balancing efforts?

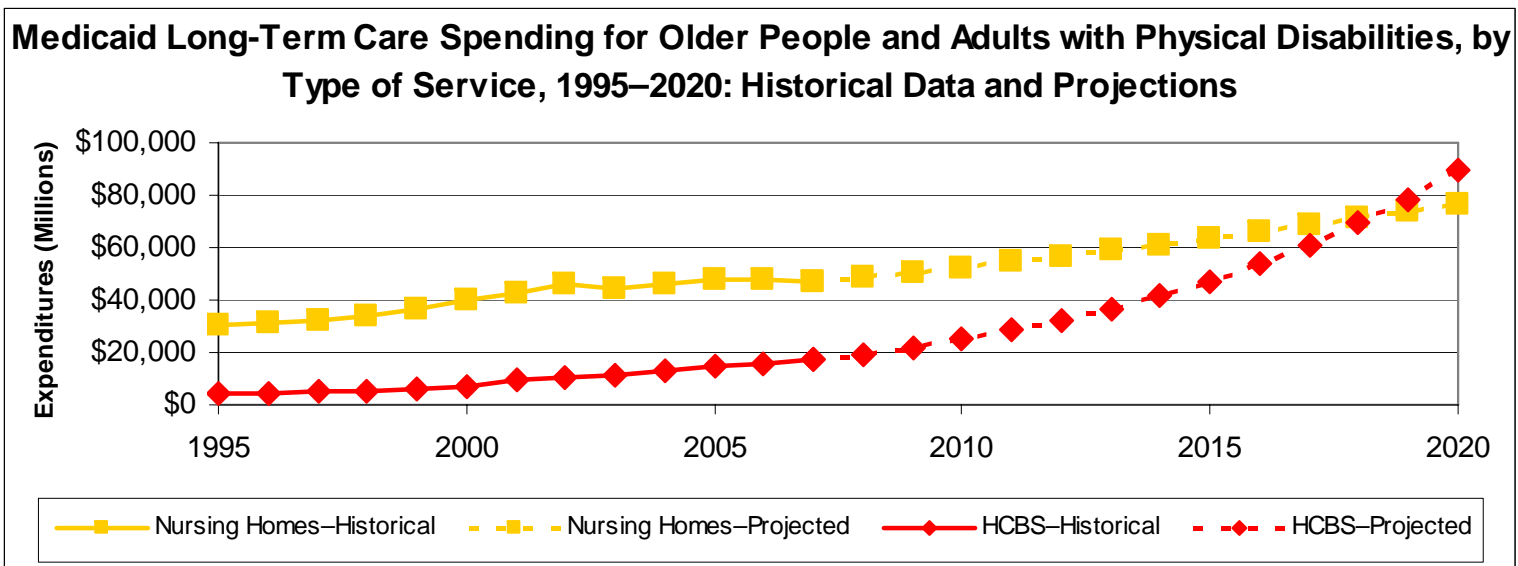
HCBS Going Up



Sources: AARP Public Policy Institute calculations based on: Burwell, B., Sredl, K., and Eiken, S. (2008) *Medicaid Long-Term Care Expenditures in FY 2007*. Cambridge, MA: Thomson Reuters; Burwell, B. (2002) *Medicaid HCBS Waiver Expenditures, FY1995–2001*. Cambridge, MA: Thomson Reuters.

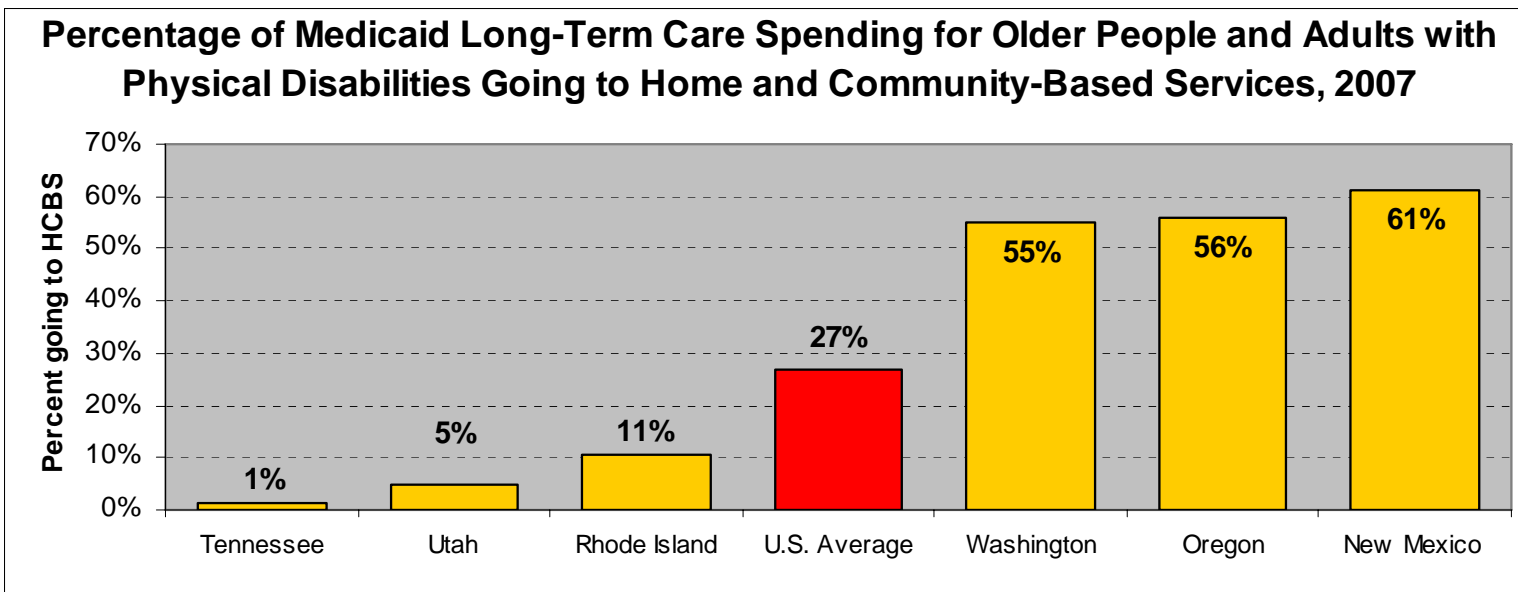
Pace of Change

Current trends in balancing =
50/50 spending balance achieved in 2019



Sources: AARP Public Policy Institute calculations based on: Burwell, B., Sredl, K., and Eiken, S. (2008) *Medicaid Long-Term Care Expenditures in FY 2007*. Cambridge, MA: Thomson Reuters (historical); AARP Public Policy Institute (projections).

Balancing in Some States



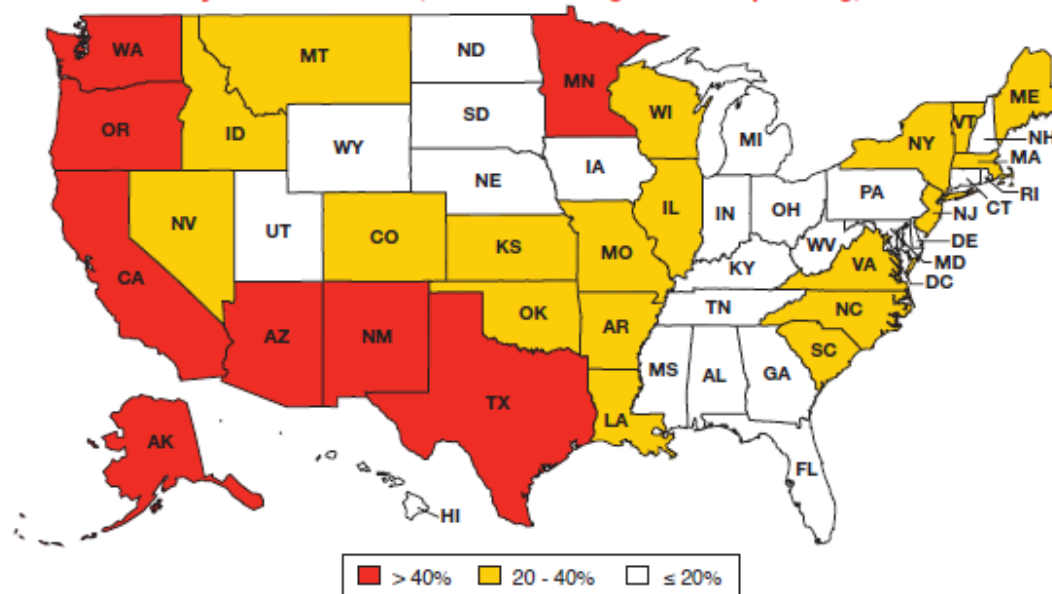
Source: AARP Public Policy Institute calculations based on: Burwell, B., Sredl, K., and Eiken, S. (2008). *Medicaid Long-Term Care Expenditures in FY 2007*. Cambridge, MA: Thomson Reuters.

NOTE: This does not take into account state-funded HCBS programs, which are significant in some states.


Balancing Varies

Nearly half of all states spend less than 1 in 5 Medicaid LTSS dollars for older people and adults with physical disabilities on HCBS. Only 8 states spend more than 2 in 5 Medicaid dollars.

Medicaid HCBS Spending for Older People and Adults with Physical Disabilities, as a Percentage of LTC Spending, 2007



Sources: AARP Public Policy Institute calculations based on: Burwell, B., Sredl, K., and Eiken, S. (2008) *Medicaid Long-Term Care Expenditures in FY 2007*. Cambridge, MA: Thomson Reuters

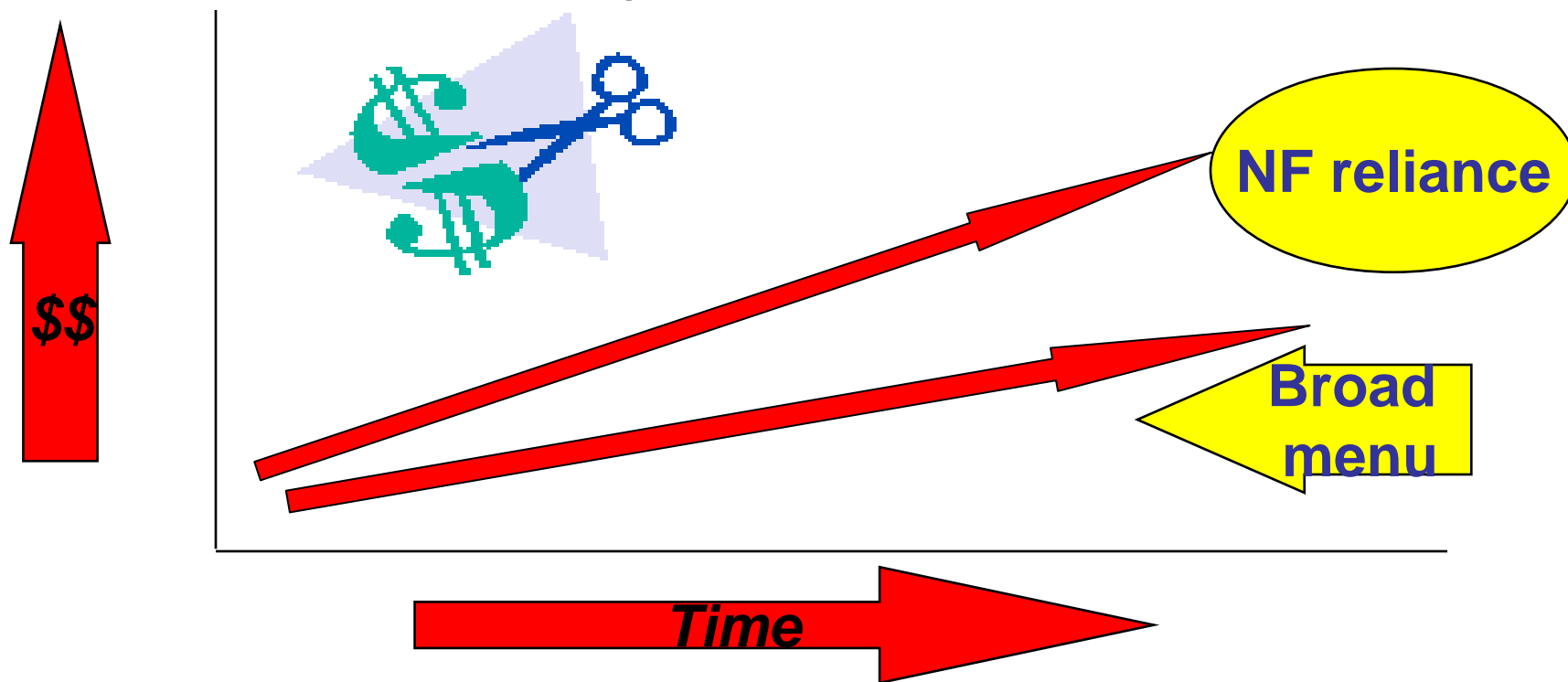


What is the state of the evidence supporting HCBS/balancing, however it is defined?

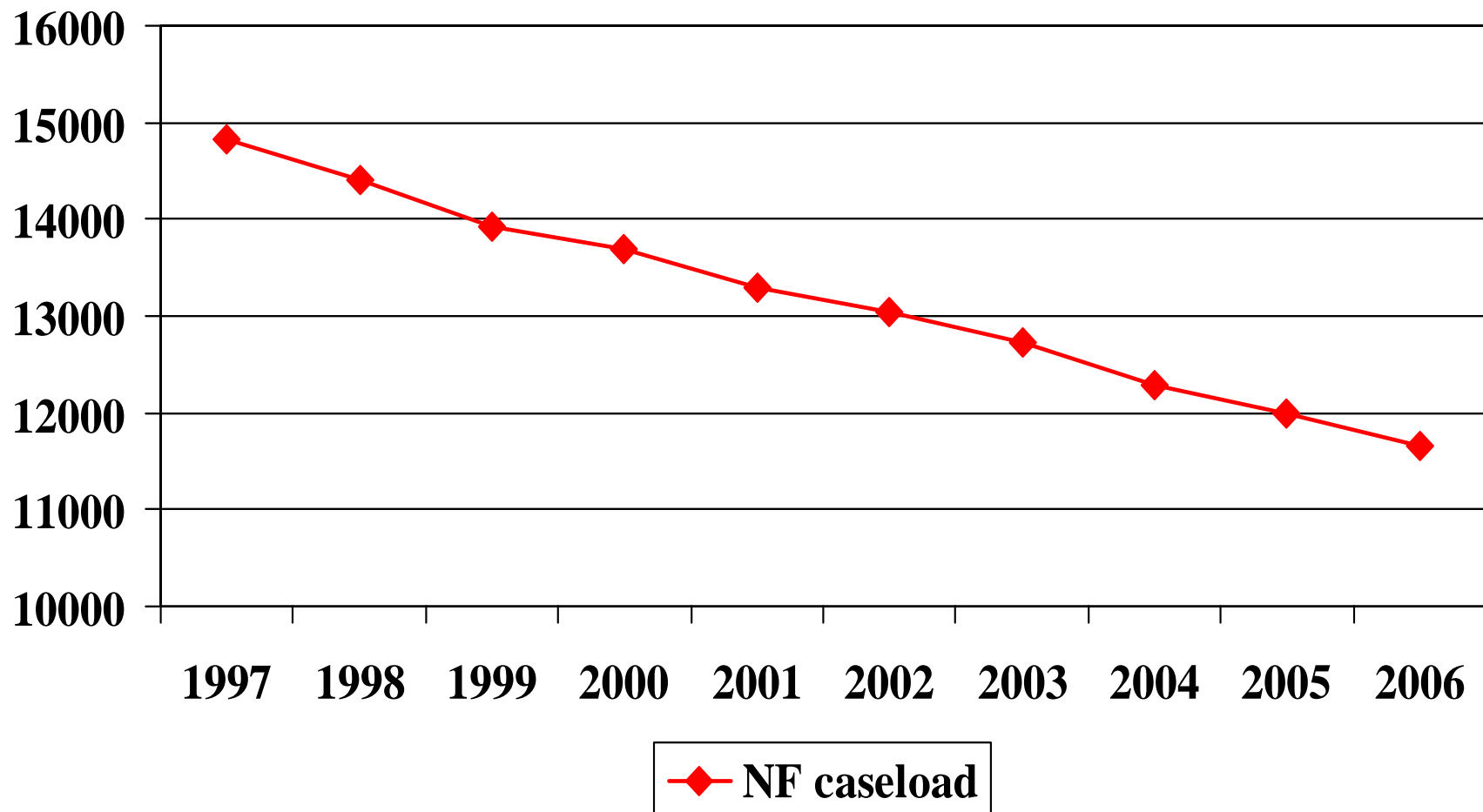
- Balancing the Curve
- Individual State Data:
 - Washington
 - Vermont
 - Pennsylvania (early data)
- Expert Analysis
 - Charlene Harrington

Shifting the Balance:

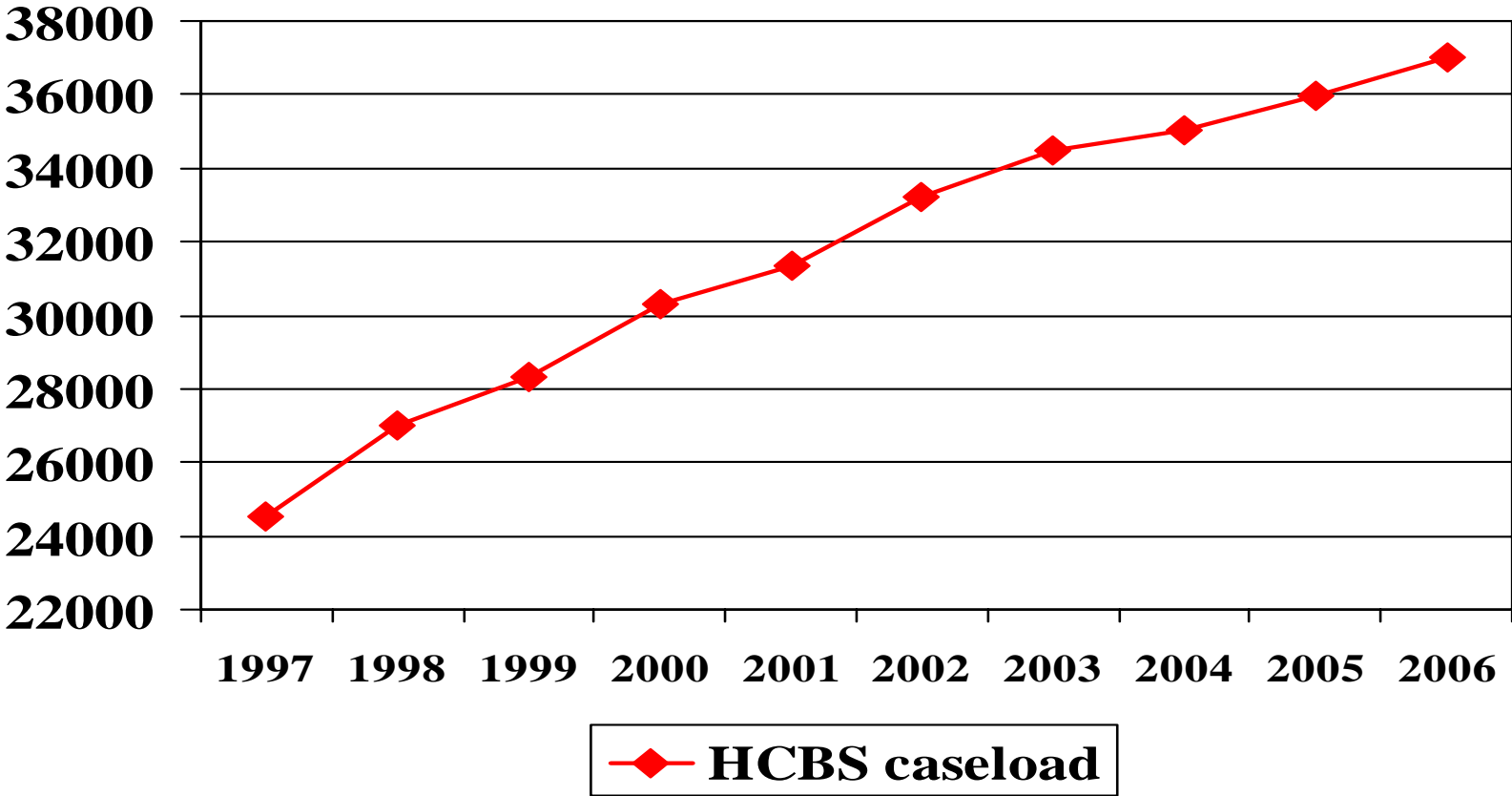
- Reduce Medicaid NF growth trend line



Washington: NF Caseload Trends

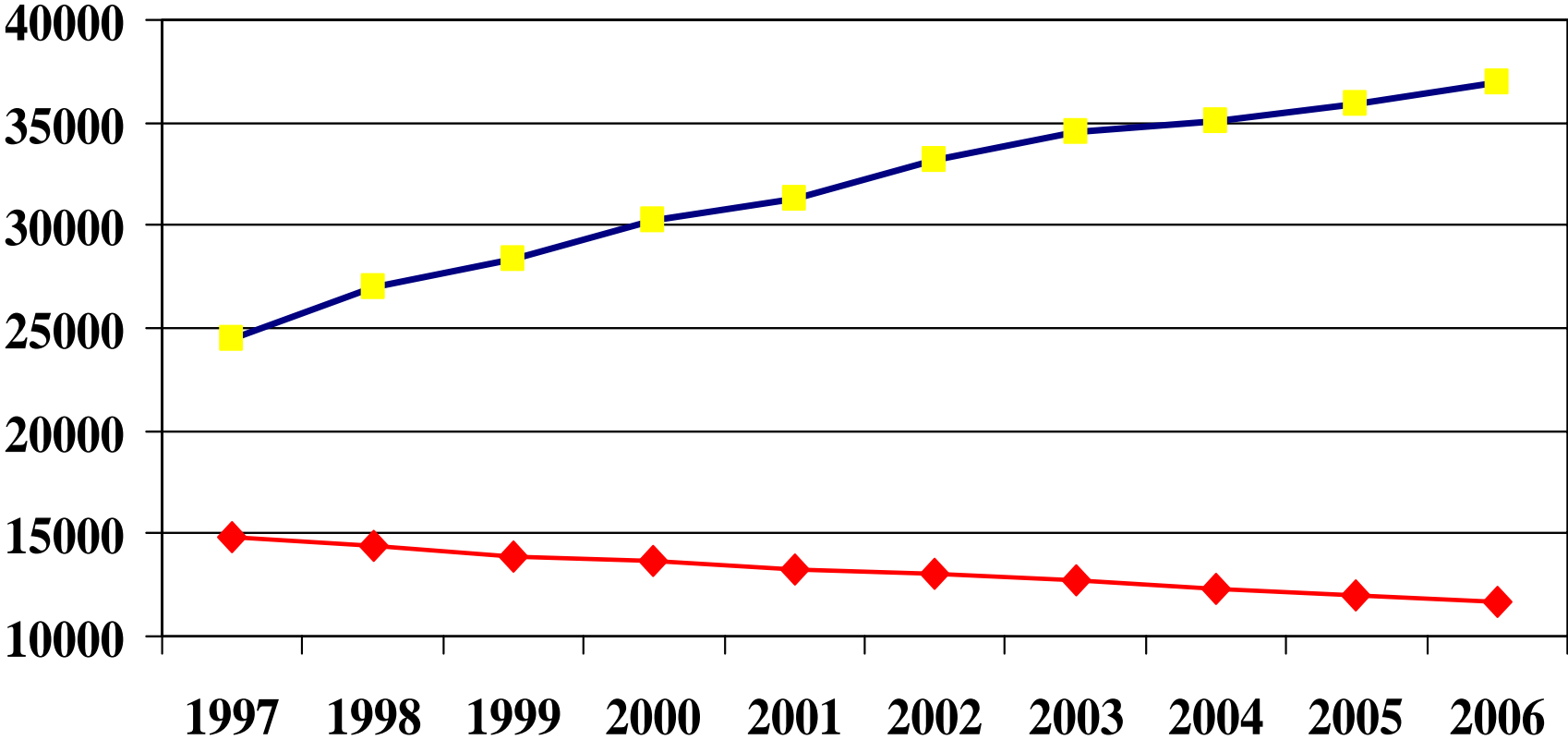


Washington: HCBS Trends

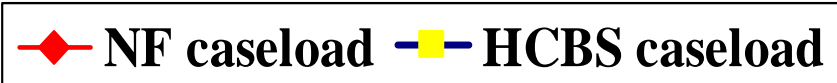


Figures for July each year

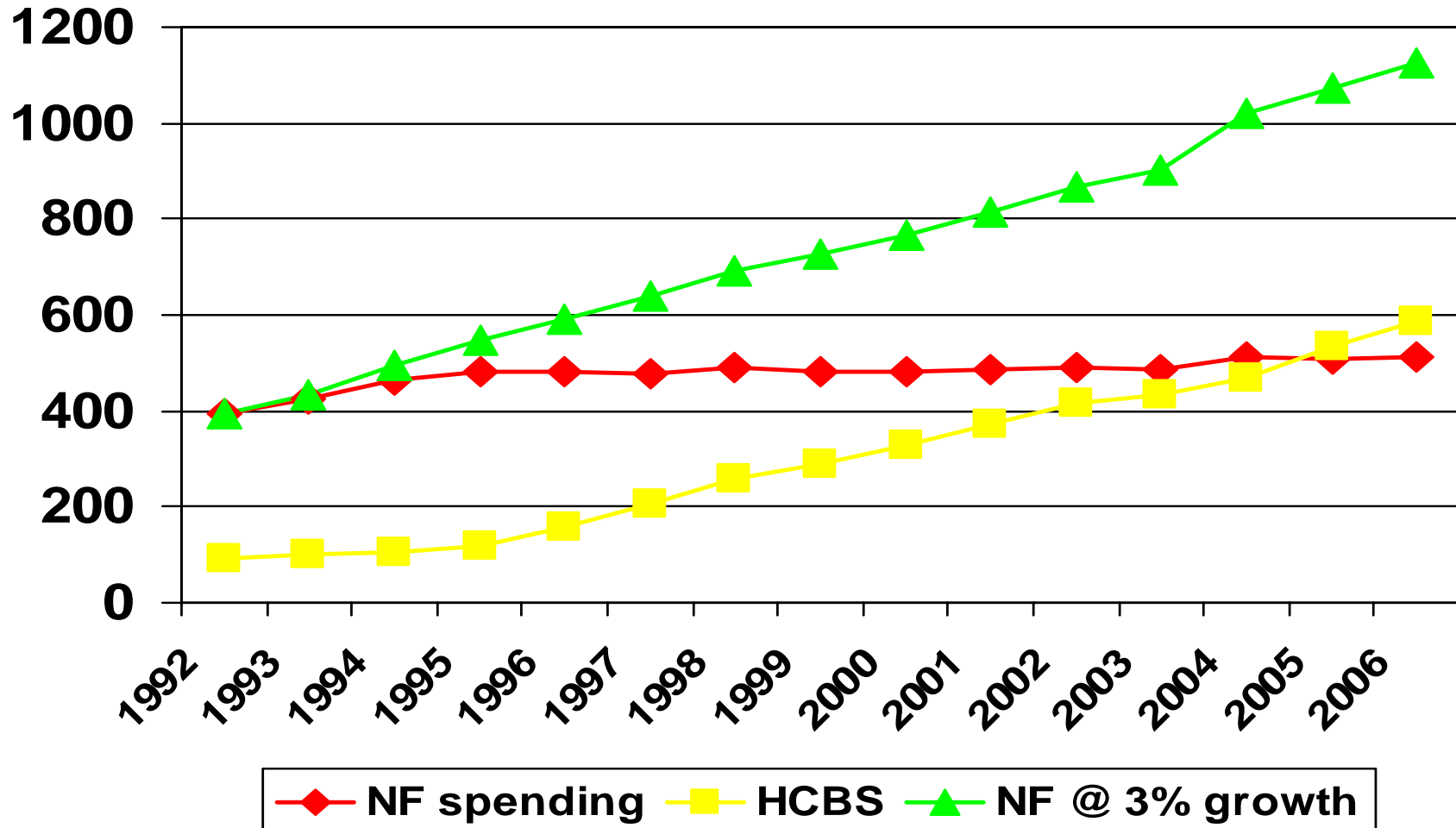
Washington: Combined Caseload Trends



Figures for July each year

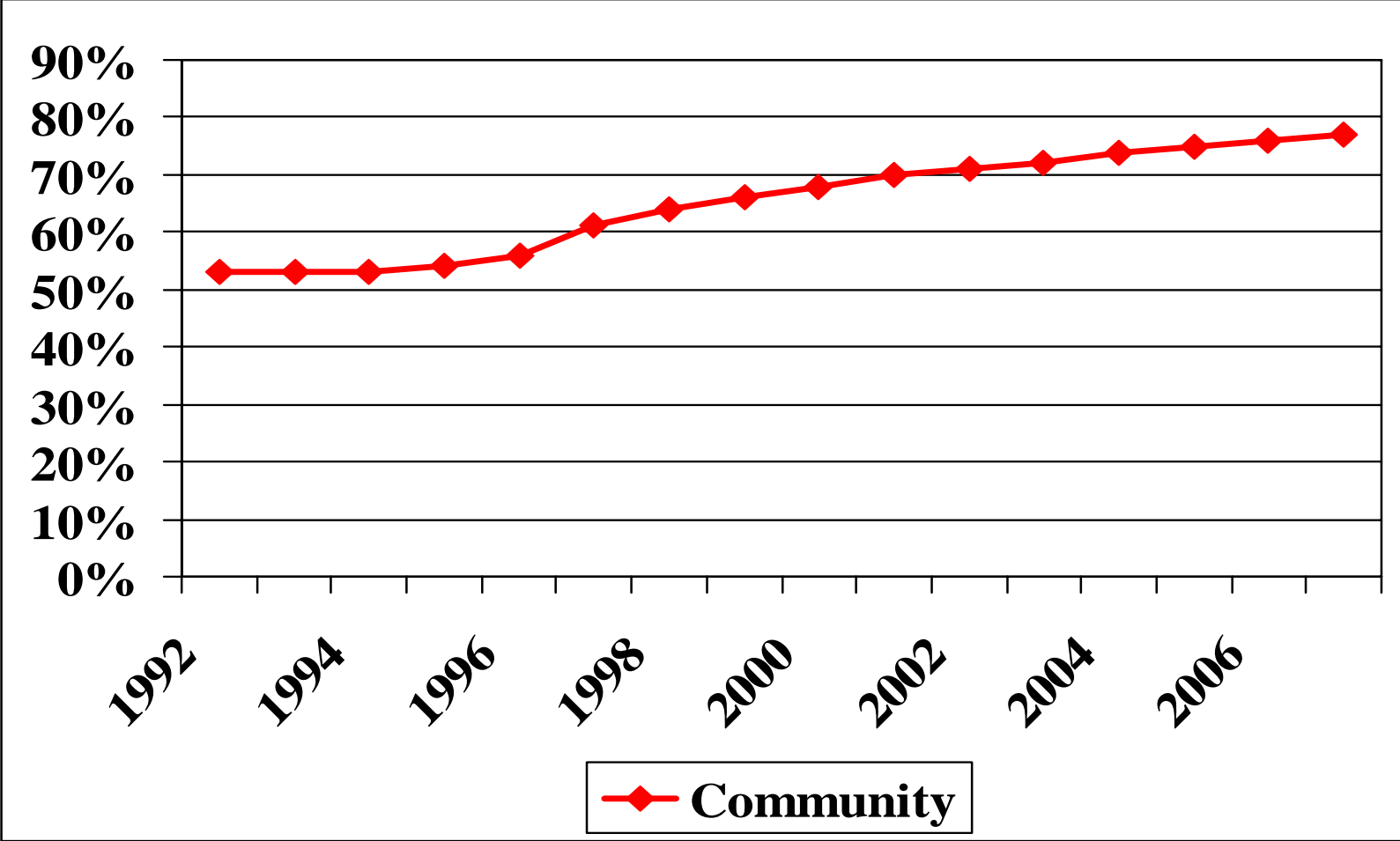


Washington LTC: Spending Trends (millions)

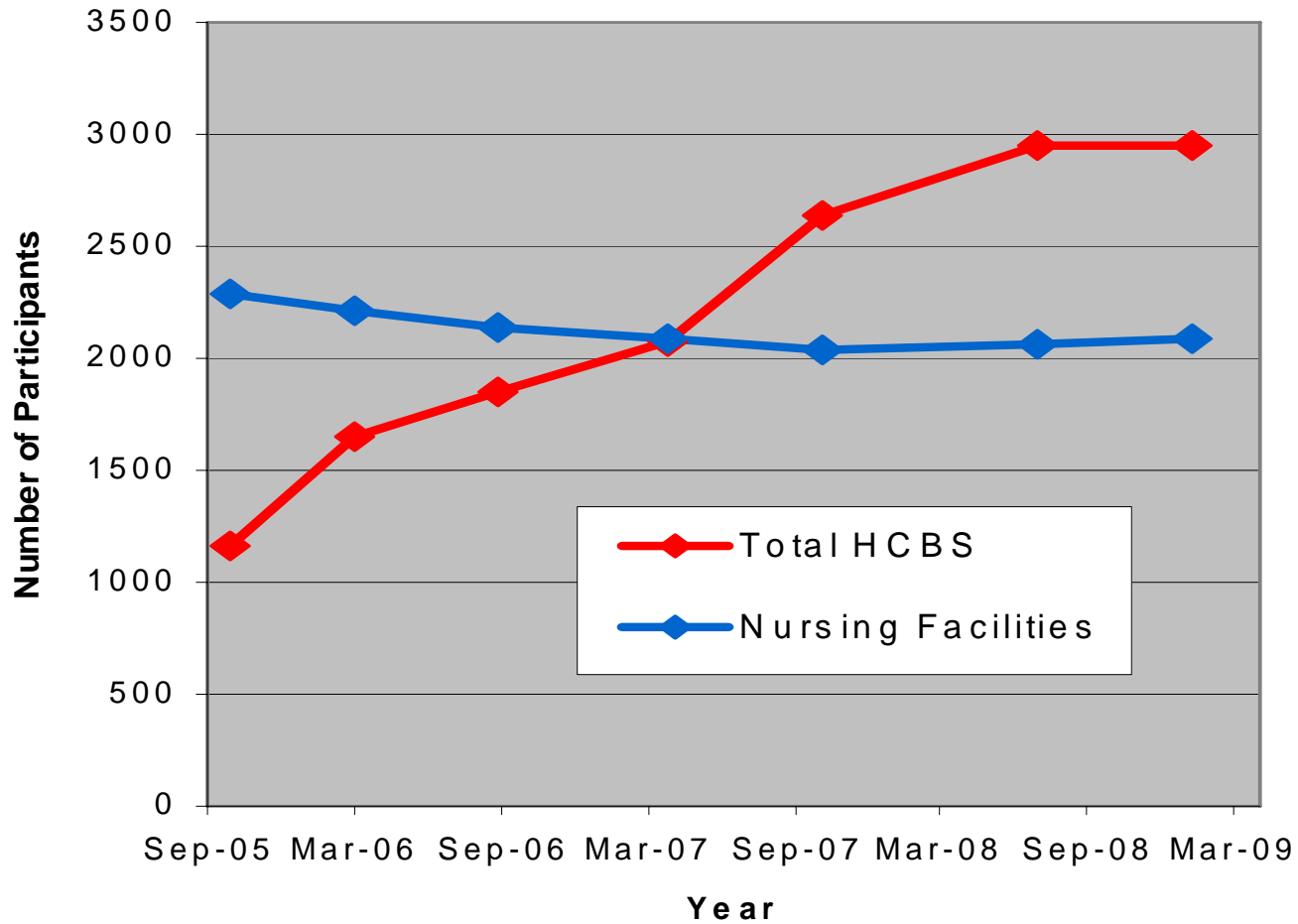


Based on data from the Washington Aging and Disability Services Administration

WA Percent Served in the Community:



Vermont Choices for Care Participants, 2005–2008



Source: J. Senecal, Commissioner, Vermont Department of Disabilities, Aging and Independent Living, presentation at the 2009 Money Follows the Person conference



Pennsylvania

- 2002
 - 97% Institutional
 - \$4 billion

- 2008
 - 86% Institutional
 - \$4.3 billion
 - Nursing Home bed days down by 600,000
 - Nursing Home census down by 100,000
 - Doubled HCBS caseload (up 25,000)

Jennifer Burnett
June 2009 - Hill Briefing