



**The Hilltop Institute**

*analysis to advance the health of vulnerable populations*

# **Rhode Island Real Choices Long-Term Services and Supports Resource Mapping**

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April 14, 2010

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# Overview of Presentation

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- Resource Mapping Objectives
- Interviews with Agency Staff
- Survey of Long-Term Services and Supports (LTSS) Providers
- Descriptive Data on Medicaid LTSS
- Rebalancing Model
- Considerations for the State

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# **Resource Mapping Objectives**

# Rhode Island's Real Choice Systems Transformation Grant

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- \$2.18 million grant awarded by CMS in 2006
- Purpose: Create an accessible LTSS system by designing the infrastructure to enable older adults and persons with disabilities to:
  - Live in the most appropriate integrated community setting
  - Exercise meaningful choices about living environment, services, and supports
  - Obtain quality services consistent with individual preferences and priorities

# Hilltop's Resource Mapping Objectives

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- Help guide system transformation by:
  - Estimating the need for publicly financed LTSS
  - Assessing the capacity of LTSS providers
  - Identifying barriers to expanding LTSS capacity
  - Producing an interactive tool for modeling the effects of changes in policies and programs on projected spending for institutional versus home and community-based services (HCBS)

# Hilltop's Tasks

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- Interview agency staff on gaps in LTSS and barriers clients encounter
- Survey LTSS providers on current and future capacity
- Analyze Medicaid data to produce reports on utilization and expenditures
- Construct a “rebalancing” projection model for SFY 2010 - 2030

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# **Agency Staff Interviews**

# Participation in Agency Staff Interviews

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- On April 21 and 22, 2009, Hilltop conducted 6 interview sessions in Rhode Island involving 15 agency staff
- Hilltop conducted 5 additional interviews by phone
- Agencies represented:
  - Department of Human Services (DHS)
  - Department of Children, Youth and Families (DCYF)
  - Department of Elderly Affairs (DEA)
  - Department of Mental Health, Retardation and Hospitals (MHRH)
  - Department of Health (DOH)

# Interview Topics

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- LTSS programs operated by each agency
- Perceived gaps and unmet needs
- Barriers to accessing LTSS
- Barriers to expanding provider capacity
- Challenges with the LTSS workforce
- Opportunities presented by the Global Waiver

# Serving Special Populations Will be a Challenge

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- Older adults with mental health needs
- Adults with developmental disabilities who are living longer and developing functional limitations associated with aging
- Youth with autism spectrum disorder who are moving into adulthood and need different kinds of supports

# Agency Staff See Many Barriers to Improving Service Delivery

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- Lack of a true “single point of entry” into the LTSS system
- Inadequate discharge planning and transition management for individuals leaving hospitals and nursing homes
- Lack of affordable and accessible housing across all populations and programs

# Agency Staff See Many Barriers to Improving Service Delivery continued

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- A patchwork system of transportation that works against community living
- Lack of access to and the integration of behavioral health with physical health services for both community dwellers and those living in institutions
- A compensation system that does not adequately provide incentives for providers to expand services and for workers to pursue careers in the health field

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# **Findings from the Survey of LTSS Providers**

# Survey Respondents

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- Providers of LTSS in Rhode Island—  
Medicaid and non-Medicaid
- Sources of provider information:
  - MMIS (Medicaid claims data)
  - Licensure data from Office of Facilities Regulation
  - Association membership lists

# Survey Topics (CY 2008 Data Requested)

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- LTSS services provided
- Units of service and payment rates
- Agency staffing
- Expanding capacity
- Populations served
- Special needs clients
- Looking toward the future

# Survey Methodology

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- Web-based survey
- Associations and the state provided input on survey instrument
- July 6, 2009: Initial “snail mailing” to 290 providers from Secretary of EOHHS and Hilltop
- Associations e-mailed their memberships to encourage survey participation
- Follow-up by Hilltop: 3 additional “snail mail” letters; 3 e-mail reminders; phone calls to 99 providers; due date extended twice
- Hilltop provided technical assistance to respondents by phone and e-mail
- August 28, 2009: Survey closed

# Survey Response Rate by Provider Type

Provider Type	Providers Contacted	Providers Responding	Response Rate
Adult Day Services	16	9	56%
Assisted Living Facility	57	7	12%
DD Services	32	10	31%
Home Health Agency	22	3	14%
Home Meal Delivery	1	1	100%
Hospice	7	1	14%
MHRH Offline Providers	12	6	50%
Nursing Home	79	33	42%
PACE	1	1	100%
Personal Care Aide	37	12	32%
Rhode Island State Nursing Home	1	0	0%
Subsidized Housing	3	1	33%
<b>Total</b>	<b>268</b>	<b>84</b>	<b>31%</b>

# Most Frequently Cited Barriers to Expanding Capacity

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- State budget constraints (76%)
- Reimbursement rates (66%)
- Uncertain economic climate (35%)
- Capital costs (34%)

# Most Frequently Cited Barriers to Expanding Capacity Differ by Provider Type

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- **Adult day care** (9 providers)
  - Reimbursement rates (89%)
  - Transportation (55%)
- **Personal care providers** (11 providers)
  - Reimbursement rates (64%)
  - State budget constraints (64%)
  - Direct service workers (54%)
- **Assisted living** (7 providers)
  - State regulations (43%)

# Most Frequently Cited Barriers to Expanding Capacity Differ by Provider Type continued

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- **Nursing homes** (33 providers)
  - State budget constraints (82%)
  - Reimbursement rates (76%)
  - State regulations (51%)
- **DD services** (10 providers)
  - State budget constraints (100%)
  - Uncertain economic climate (80%)
  - Reimbursement rates (70%)
  - Capital costs (60%)

# Providers Reporting Plans to Expand Services (Assuming Adequate Funding)

Provider Type	n	Providers Planning Expansions	Percent
Adult Day Care	9	7	78%
Assisted Living Facility	7	3	43%
DD Services	10	9	90%
Home Health Agency	4	3	75%
Home Meal Delivery	1	1	100%
Hospice	1	0	0%
MHRH Offline Providers	6	6	100%
Nursing Home	33	10	30%
PACE	1	1	100%
Personal Care Aide	11	10	91%
Subsidized Housing	1	0	0%
<b>Total</b>	<b>84</b>	<b>50</b>	<b>60%</b>

# More on Provider Plans to Expand Services

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- Providers serving community-dwelling clients were most likely to be planning expansions
- Some adult day care providers plan to expand the daily census by as much as 20% to 50%
- Some personal care providers plan to expand the number of clients served by 10% to 25%

# Some Types of Providers Reported Difficulties in Hiring Direct Service Workers

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- **RN:** 54% of personal care agencies; 50% of DD providers; 48% of nursing homes (All providers: 41%)
- **LPN:** 39% nursing homes (All providers: 24%)
- **Nursing Aide:** 75% home health; 44% adult day; 36% personal care agencies (All providers: 20%)
- **Personal Care Attendant:** 27% personal care agencies; 25% home health (All providers: 9%)

# Some Conclusions

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- There seems to be sufficient provider capacity to accommodate growth in the LTSS system
- Many providers are planning service expansions, particularly for community-based services
- Providers are concerned about reimbursement rates, compensation for direct service workers, and the lack of mental health services

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# **Descriptive Data on LTSS**

# To Analyze MMIS Data, Hilltop Utilized:

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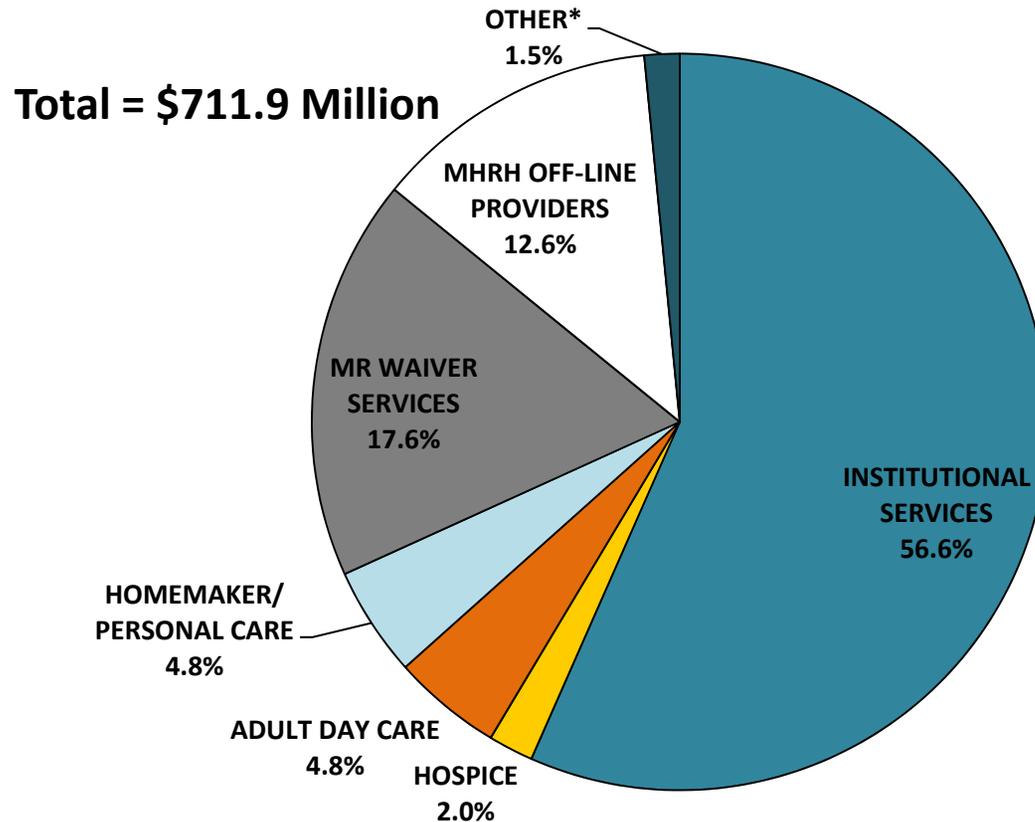
- **Service groupings** that consolidated similar services for presenting descriptive data and developing the rebalancing model
- **Population categories** so that the state can better understand the distribution of LTSS utilization and spending

# The Populations

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- Children with special needs
- Individuals with developmental disabilities
- Individuals with severe and persistent mental illness (SPMI)
- Older adults (65+)
- Other adults with disabilities

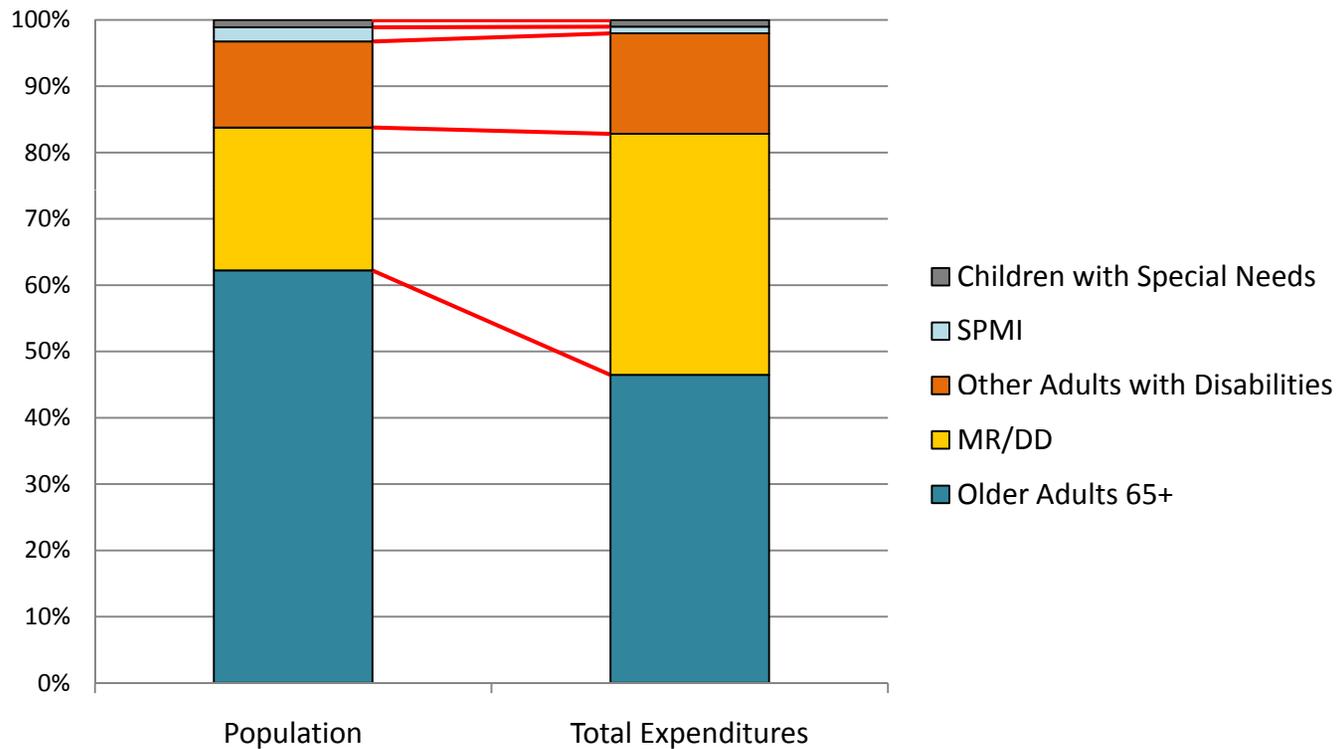
# Distribution of Medicaid LTSS Expenditures, by Type of Service, FY 2008



\*"Other" consists of: durable medical equipment (0.7%), assisted living (0.3%), home health (0.3%), and other community services (0.3%).

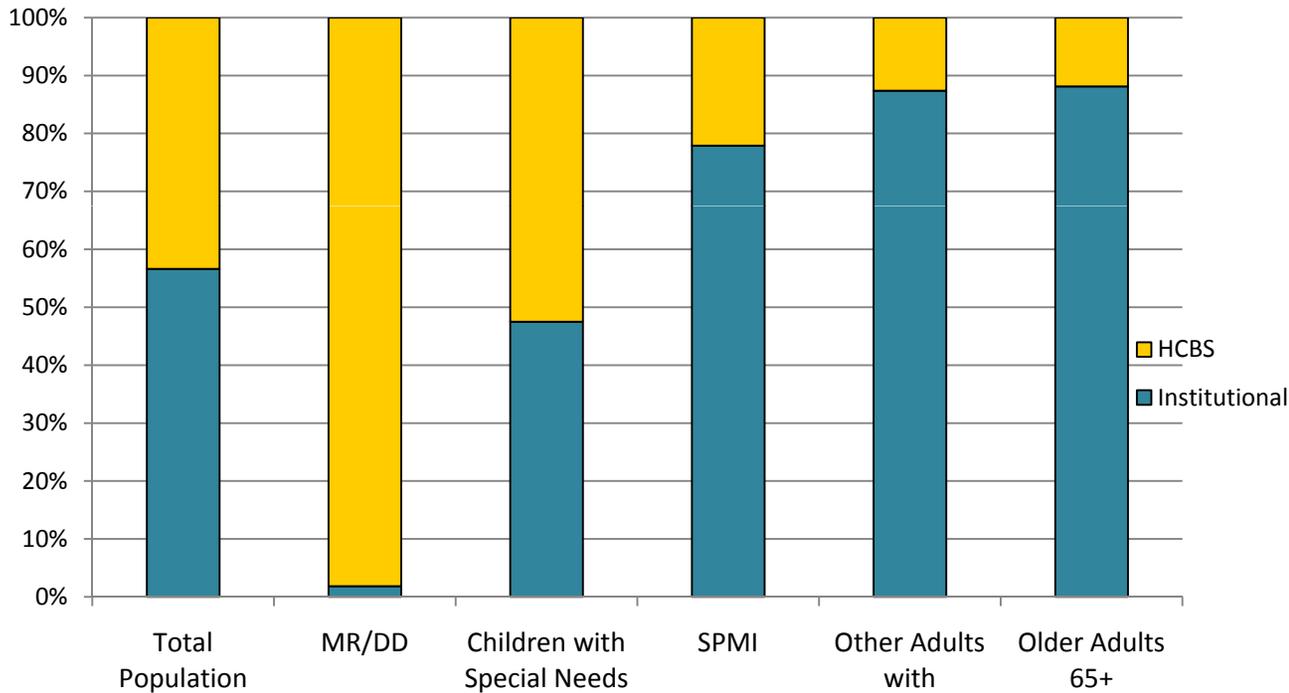
Source: The Hilltop Institute, UMBC, analysis of Rhode Island MMIS claims data for fiscal year 2008. Includes state and federal dollars.

# Distribution of Medicaid LTSS Users and Expenditures, by User Group, FY 2008



Source: The Hilltop Institute, UMBC, analysis of MMIS claims data for fiscal year 2008. Includes state and federal dollars.

# Distribution of Medicaid LTSS Expenditures, by Institutional and HCBS, FY 2008



<b>Clients</b>	14,496	3,125	160	311	1,881	9,019
<b>Expenditures (\$ Millions)</b>	\$711.9	\$253.3	\$9.8	\$9.8	\$109.6	\$329.4

Source: The Hilltop Institute, UMBC, analysis of MMIS claims data for fiscal year 2008. Includes state and federal dollars.

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# Rebalancing Model

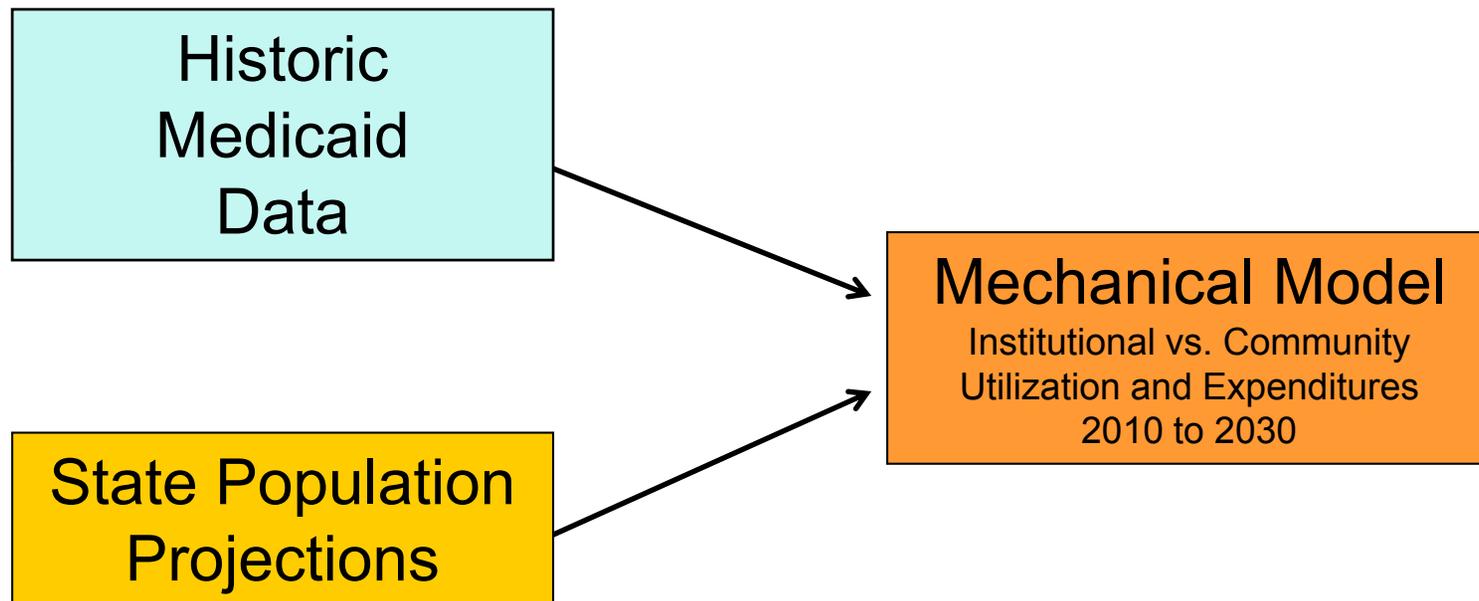
# Rebalancing Model: Goals

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- Project utilization and expenditures for Medicaid institutional services versus Medicaid HCBS based on historic utilization and future projections
- Aid the state in modeling the effects of demographic changes as well as proposed programs and policies that are likely to affect demand for Medicaid LTSS

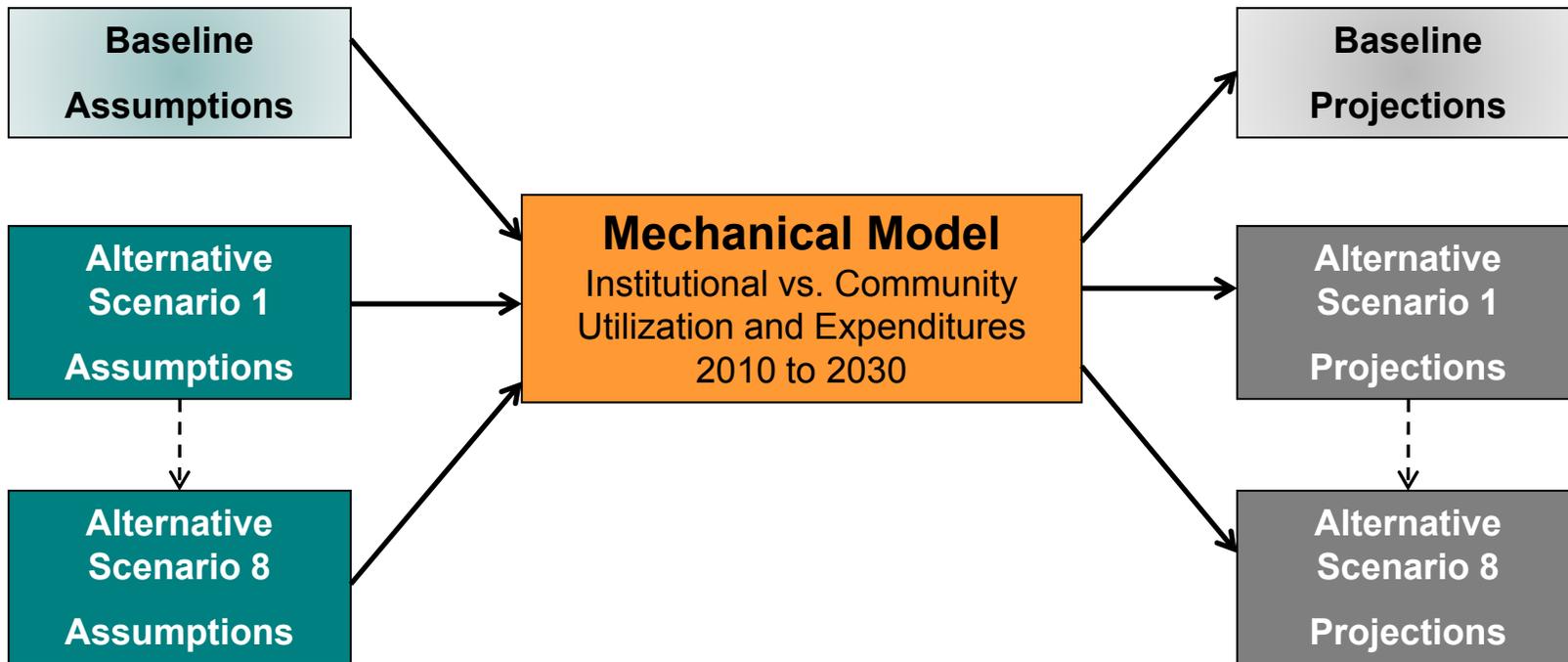
# First Step: Develop the Mechanical Model

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# Second Step: Develop Scenarios

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# Data Sources for the Rebalancing Model

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- Medicaid MMIS data, FY 2006 - FY 2008  
(with service groupings developed with the state)
- Population projections from RI Department of Administration
- Research literature

# Rebalancing Model Assumptions

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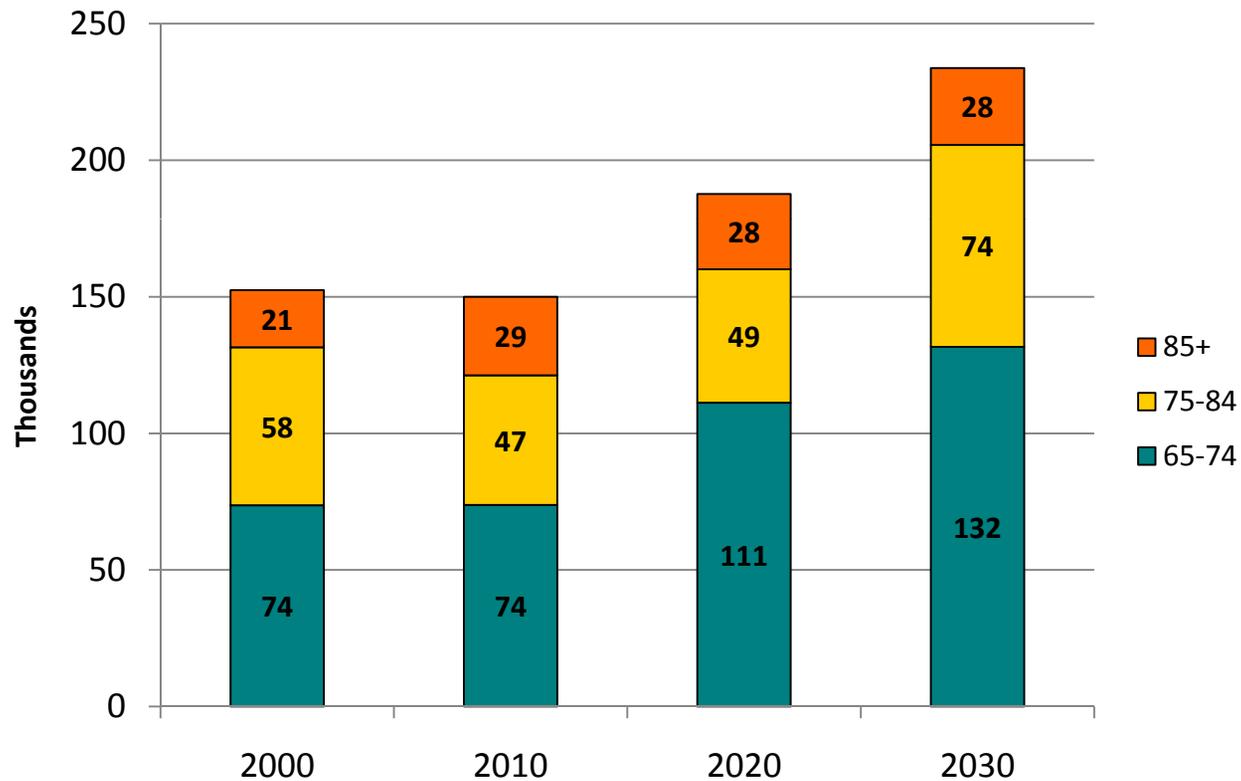
- **Baseline Projection:** shifts in LTSS use based on reasonable assumptions about demographics and changes in service utilization and expenditures; assumes current trends in rebalancing continue
- **Alternative Scenarios:** incorporate different assumptions for key elements in Baseline Projection Model

# Baseline Projection Model

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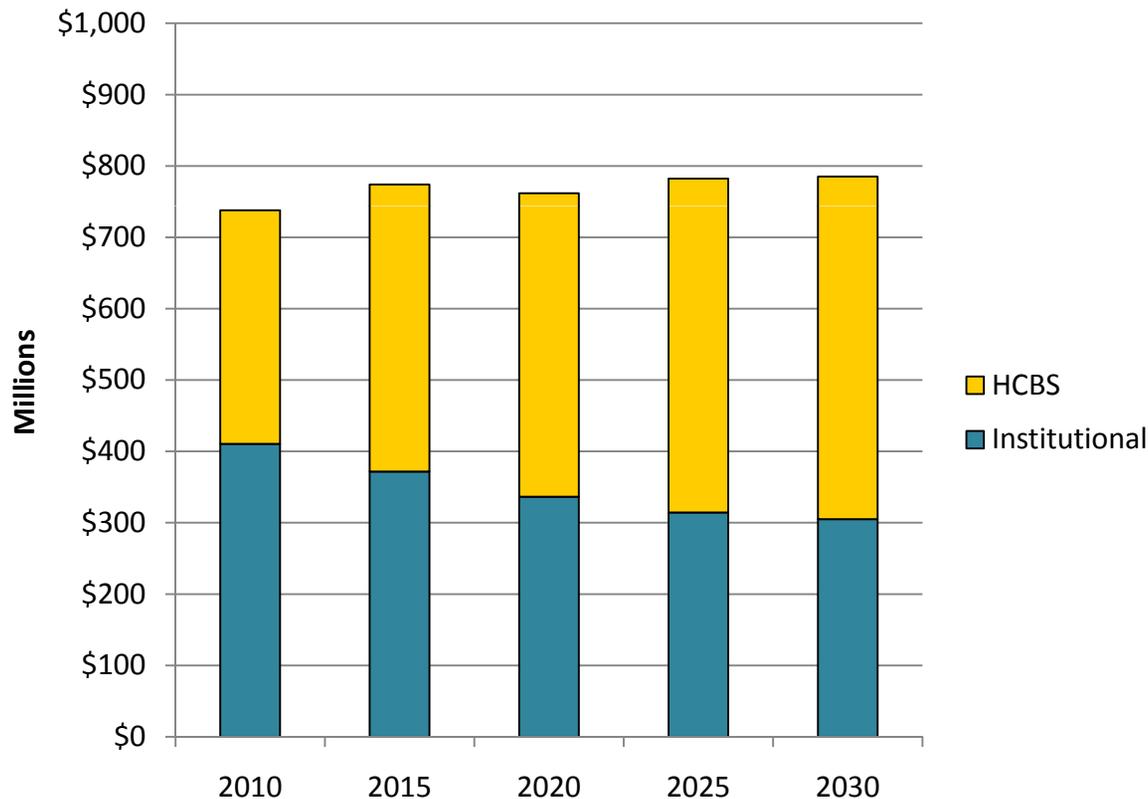
- Assumes the current trend in rebalancing continues (less use of nursing homes, more HCBS)
- Incorporates some “woodwork” effect for HCBS
- Average acuity of nursing home clients and HCBS clients increases as more individuals are transitioned to the community

# Projected Growth in 65 and Over Population in Rhode Island, 2010 - 2030



Source: Rhode Island population projections: State, county, and municipal 2000 – 2030. (Statewide Planning Program Technical Paper Number 154). Providence, RI: Rhode Island Department of Administration.

# Baseline Projection: Projected Expenditures for Medicaid LTSS, 2010 - 2030 (FY 2008 Dollars)



Source: The Hilltop Institute, UMBC, projections. FY 2008 dollars.

# Alternative Scenarios

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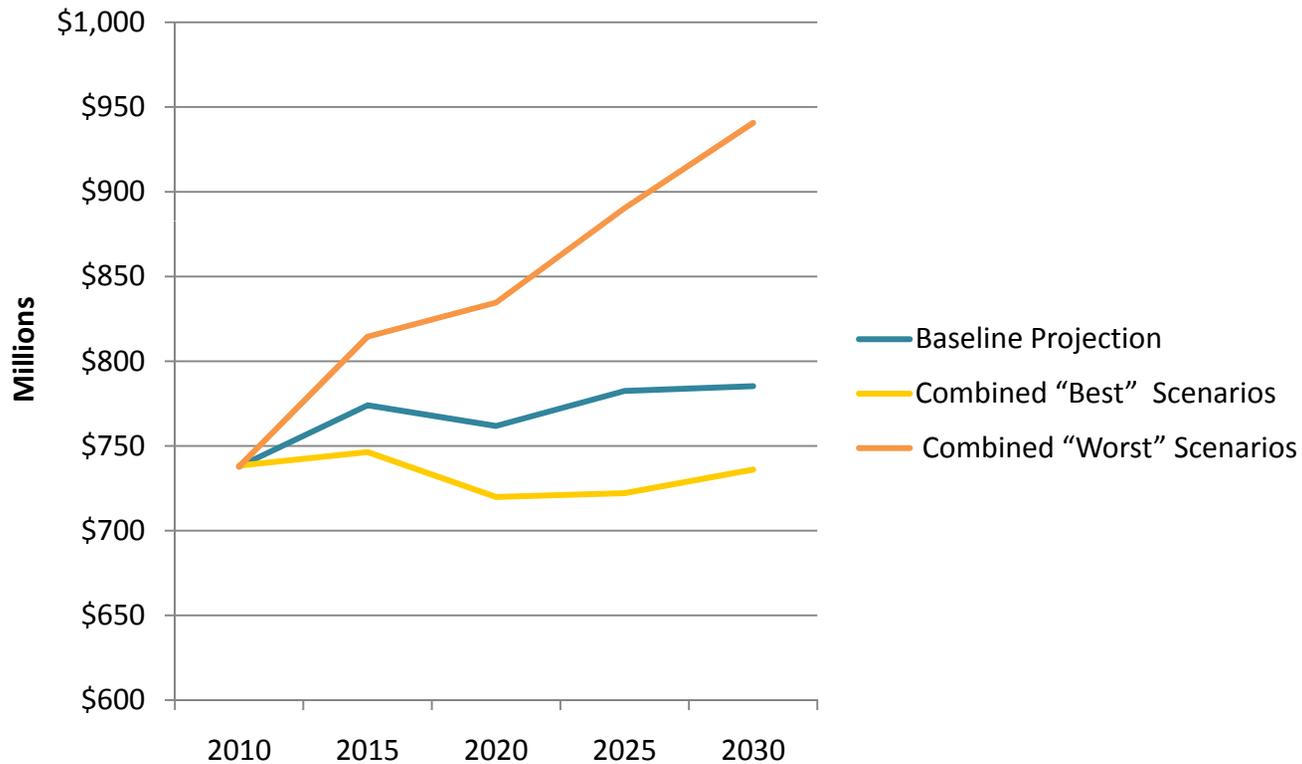
1. Faster Rebalancing
2. Slower Rebalancing
3. Slower Growth in Use of Medicaid LTSS  
Because of Demographic Trends (Age 65+)
4. Potential Health Reform Expansion of Medicaid  
Eligibility

# Alternative Scenarios continued

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5. Smaller “Woodwork” Effect
6. Increased Disability Among the Under Age 65 Population
7. Combined “Best” Scenarios
8. Combined “Worst” Scenarios

# Alternative Scenarios: Projected Medicaid Expenditures (FY 2008 Dollars)



Source: The Hilltop Institute, UMBC, projections. FY 2008 dollars.

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# **Considerations for the State**

# **The Hilltop Institute Suggests that the State Consider the Following:**

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- Continue to develop a comprehensive one-stop system
- Work towards integrating mental/behavioral health and physical health services
- Explore opportunities for integrating LTSS programs across populations and agencies
- Develop programs for dual eligibles to ease their transition to the community

# Suggestions continued

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- Address the needs of “transitioning” young adults with autism spectrum disorder
- Consolidate agency transportation programs for older adults and persons with disabilities
- Update the rate structure for community services
- Develop an electronic client information system

# About The Hilltop Institute

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The Hilltop Institute at the University of Maryland, Baltimore County (UMBC) is a nationally recognized research center dedicated to improving the health and social outcomes of vulnerable populations. Hilltop conducts research, analysis, and evaluation on behalf of government agencies, foundations, and other non-profit organizations at the national, state, and local levels.

[www.hilltopinstitute.org](http://www.hilltopinstitute.org)

# Contact Information

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