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

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Cynthia Woodcock
Ian Stockwell
Aaron Tripp
Overview of Presentation

- 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
Resource Mapping Objectives
Rhode Island’s Real Choice Systems Transformation Grant

- $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

- 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

- 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
Agency Staff Interviews
Participation in Agency Staff Interviews

- 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

- 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

- 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

- 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

- 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
Findings from the Survey of LTSS Providers
Survey Respondents

- 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)

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

- 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

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

- 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

- **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

- **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)

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>n</th>
<th>Providers Planning Expansions</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Day Care</td>
<td>9</td>
<td>7</td>
<td>78%</td>
</tr>
<tr>
<td>Assisted Living Facility</td>
<td>7</td>
<td>3</td>
<td>43%</td>
</tr>
<tr>
<td>DD Services</td>
<td>10</td>
<td>9</td>
<td>90%</td>
</tr>
<tr>
<td>Home Health Agency</td>
<td>4</td>
<td>3</td>
<td>75%</td>
</tr>
<tr>
<td>Home Meal Delivery</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Hospice</td>
<td>1</td>
<td>0</td>
<td>0%</td>
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<td>33</td>
<td>10</td>
<td>30%</td>
</tr>
<tr>
<td>PACE</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Personal Care Aide</td>
<td>11</td>
<td>10</td>
<td>91%</td>
</tr>
<tr>
<td>Subsidized Housing</td>
<td>1</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>84</td>
<td><strong>50</strong></td>
<td><strong>60%</strong></td>
</tr>
</tbody>
</table>
More on Provider Plans to Expand Services

- 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

- **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

- 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.
Descriptive Data on LTSS
To Analyze MMIS Data, Hilltop Utilized:

- **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

- 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

Total = $711.9 Million

INSTITUTIONAL SERVICES 56.6%

MR WAIVER SERVICES 17.6%

HOMEMAKER/PERSONAL CARE 4.8%

ADULT DAY CARE 4.8%

HOSPICE 2.0%

MHRH OFF-LINE PROVIDERS 12.6%

OTHER* 1.5%

"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

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


<table>
<thead>
<tr>
<th>Category</th>
<th>Total Population</th>
<th>MR/DD</th>
<th>Children with Special Needs</th>
<th>SPMI</th>
<th>Other Adults with Disabilities</th>
<th>Older Adults 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients</td>
<td>14,496</td>
<td>3,125</td>
<td>160</td>
<td>311</td>
<td>1,881</td>
<td>9,019</td>
</tr>
<tr>
<td>Expenditures ($ Millions)</td>
<td>$711.9</td>
<td>$253.3</td>
<td>$9.8</td>
<td>$9.8</td>
<td>$109.6</td>
<td>$329.4</td>
</tr>
</tbody>
</table>
Rebalancing Model
Rebalancing Model: Goals

- 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

- Historic Medicaid Data
- State Population Projections

Mechanical Model
Institutional vs. Community Utilization and Expenditures 2010 to 2030
Second Step: Develop Scenarios

Mechanical Model
Institutional vs. Community Utilization and Expenditures 2010 to 2030

Baseline Assumptions

Alternative Scenario 1 Assumptions

Alternative Scenario 8 Assumptions

Baseline Projections

Alternative Scenario 1 Projections

Alternative Scenario 8 Projections
Data Sources for the Rebalancing Model

- 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

- **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

- 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

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

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

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

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.
Considerations for the State
The Hilltop Institute Suggests that the State Consider the Following:

- 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

- 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

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
Contact Information

Cynthia Woodcock
Director, Long-Term Supports and Services
410.455.6273; cwoodcock@hilltop.umbc.edu

Ian Stockwell
Senior Research Analyst
410.455.6728; istockwell@hilltop.umbc.edu

Aaron Tripp
Research Analyst
410.455.6861; atripp@hilltop.umbc.edu