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

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Background

• Concise performance tool to put LTSS policies and programs in context and prompt dialogue.

• First attempt to use a multidimensional approach to comprehensively measure state LTSS system performance overall and across diverse areas of performance.

• Differs from analyses that examine a single aspect of states’ LTSS systems.

• Developed over two years: feasibility, vision, measures.
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Goals

• Raise the national level of performance for LTSS.

• Help states:
  • Assess their systems of long-term services and supports (LTSS);
  • Target areas for improvement;
  • Provide a foundational set of baseline indicators to measure progress; and
  • Engage public and private sectors.
Characteristics of a High-Performing LTSS System

- Affordability and Access
- Choice of Setting and Provider
- Quality of Life and Quality of Care
- Support for Family Caregivers
- Effective Transitions and Organization of Care

- The first four characteristics map to dimensions and indicators.

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Framework for Assessing LTSS System Performance

High-Performing LTSS System

- Affordability and Access
- Choice of Setting and Provider
- Quality of Life and Quality of Care
- Support for Family Caregivers
- Effective Transitions and Organization of Care

is composed of five characteristics

that are approximated in the Scorecard, where data are available, by dimensions along which LTSS performance can be measured, each of which is constructed from individual indicators that are interpretable and show variation across states

Source: State Long-Term Services and Supports Scorecard, 2011.
Dimensions & Indicators

• Four dimensions are represented in the Scorecard.
• Each dimension is comprised of 3-9 indicators for a total of 25 foundational indicators (existing and new).
• Criteria for indicators:
  • Important and meaningful, conceptually valid, easy to interpret with clear directionality; and
  • Must be available for all states and updated regularly.
In a high-performing LTSS system, 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; and
- The ease of navigating the LTSS system.
ADRC/Single Entry Point Functionality (Composite Indicator)

States were scored on each of 12 categories, including:

- Populations served;
- Information and referral;
- Overall eligibility tracking;
- Pre-admission screening;
- Financial and functional eligibility determination; and
- Transition services.
In a high-performing LTSS system, 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 extent of participant direction;
- The facilitation of consumer choice in publicly funded LTSS programs; and
- The supply and availability of alternatives to nursing homes.
Tools and Programs to Facilitate Consumer Choice (Composite Indicator)

States were scored from 0 (no use of tool or program) to 1 (full use of tool or program) on each of 4 categories:

• Presumptive Eligibility;
• Uniform Assessment;
• Money Follows the Person and other nursing facility transition programs; and
• Options counseling.
In a high-performing LTSS system, 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 support, life satisfaction, and employment of people with disabilities living in the community;
- Quality of care in nursing homes; and
- Quality of care in home health services.
Dimension: Support for Family Caregivers

In a high-performing LTSS system, the needs of family caregivers are assessed and addressed so that they can continue in their caregiving role without being overburdened.

Support for Family Caregivers includes:

• Level of support reported by caregivers;
• Legal and system supports provided by the states; and
• The extent to which registered nurses are able to delegate health maintenance tasks to non-family members, which can significantly ease burdens on family caregivers.
Legal and System Supports for Family Caregivers (Composite Indicator)

States were scored on each of 5 categories:

• Exceeding federal minimum FMLA;
• Mandatory paid family and sick leave;
• Protecting caregivers from employment discrimination;
• Spousal impoverishment protection in Medicaid HCBS; and
• Having a caregiver assessment.
State Scorecard Summary of LTSS System Performance Across Dimensions

Source: State Long-Term Services and Supports Scorecard, 2011.
State Ranking on Overall LTSS System Performance

Source: State Long-Term Services and Supports Scorecard, 2011.
Two Ways to Use the Scorecard

Printed Report

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Susan C. Reinhard, Enid Kassner, Ari Houser, and Robert Mollica
September 2011

Website

Welcome to the Long-Term Services and Supports Scorecard, where you can gain insights into state policies and funding priorities. The Scorecard provides an overview of state policies and funding levels, as well as a comparison of state performance. You can also access the full report, including detailed comparisons, and download tables and charts for further analysis.

Data by State

Overall Rank: 2012
Top Quarters: Good Quarters: Bad Quarters: Extreme Quarters:

California State Spotlight

Overall Rank 4: California is among the highest in quality of life and quality of care. State of art Long-Term Care Services.

Download:
- State Scorecard
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- California Scorecard

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  • Podcast
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  • Archived Webcast
High-Level Findings

• Leading states often do well in multiple dimensions—but all have far to go to achieve the vision.
  • Rankings compare states to each other, not to the ideal.
  • No state scored in the top quartile across all 25 indicators.

• Wide variation exists within dimensions and indicators.

• States can target opportunities to improve and look to other states for paths to higher performance.

• Poverty and high rates of disability present challenges.
  • Even with these challenges, the lowest ranking states scored in the top quartile for at least one indicator.
High-Level Findings

• The cost of LTSS is unaffordable for middle-income families.

• State Medicaid policies dramatically affect consumer choice and affordability.

• Support for family caregivers goes hand in hand with other dimensions of high performance.

• Better data are needed to assess state LTSS system performance.
Data Gaps

• Effective Transitions and Organization of Care
• Coordination with Medical Services, Supportive Housing, and Transportation
• Consumer-Based Measure of Availability of Services
• Performance Metrics for ADRC/SEP/Tools and Programs
• Degree of Consumer Direction
• HCBS Quality Measures
• LTSS Consumer Experience Measures
• Caregiver Respite
Role of Public Policy

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

- Who is eligible for assistance;
- What services are provided;
- How quality is monitored; and
- The ways in which family caregivers are supported.
Examples of Public Policy Actions

States can improve their performance by enacting public policies that:

• Assess and address family caregiver needs;
• Improve Medicaid balancing by adopting key provisions of the Affordable Care Act;
• Enhance consumer choice through administrative tools and structures such as streamlined eligibility and system navigation;
• Reduce reliance on nursing homes by taking advantage of programs such as Money Follows the Person; and
• Expand nurse delegation of health maintenance tasks.
State Variation: Measures of Medicaid LTSS Balance

Percent

- Best state
- Top 5 states average
- All states median
- Bottom 5 states average
- Lowest state

Percent of Medicaid and state-funded LTSS spending going to HCBS

- New Mexico: 64%
- Washington: 60%
- Minnesota: 30%
- Oregon: 13%
- Alaska: 11%

Percent of new Medicaid LTSS users first receiving services in the community

- Minnesota: 83%
- Michigan: 77%
- Alaska: 50%
- New Mexico: 26%
- California: 22%

Top 5 states

1. New Mexico
2. Washington
3. Minnesota
4. Oregon
5. Alaska

1. Minnesota
2. Michigan
3. Alaska
4. New Mexico
5. California

Note: HCBS = Home and Community-Based Services.
Source: State Long-Term Services and Supports Scorecard, 2011.
State Rates of Consumer Direction of Services for Adults with Disabilities

Number of people receiving consumer-directed services per 1,000 adults age 18+ with disabilities

Data: The SCAN Foundation, Financial Management Services in Participant Direction Programs, 2011; 2009 American Community Survey.
Source: State Long-Term Services and Supports Scorecard, 2011.
Nurse Delegation Tasks

• Medication administration
  i. Oral medication
  ii. PRN medication
  iii. Pre-filled insulin/insulin pen
  iv. Draw up insulin
  v. Other injectable medication
  vi. Glucometer testing
  vii. Medication through tubes
  viii. Insertion of suppositories
  ix. Eye/ear drops

• Tube feedings (Gastrostomy)

• Administration of enemas

• Bladder regimen (intermittent catheterization)

• Ostomy care (skin care, change appliance)

• Respiratory Care
  i. Nebulizer treatment
  ii. Oxygen therapy
  iii. Ventilator care
State Policies on Delegation of 16 Health Maintenance Tasks

Number of tasks allowed to be delegated

Note: Data not available for Arizona, Georgia, Indiana, New Mexico, and Pennsylvania.
Source: State Long-Term Services and Supports Scorecard, 2011.
# Impact of Improved Performance

## National Cumulative Impact if All States Achieved Top State Rates

<table>
<thead>
<tr>
<th>Indicator</th>
<th>If all states improved their performance to the level of the best-performing state for this indicator:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-Income PWD with Medicaid</td>
<td>667,171</td>
</tr>
<tr>
<td></td>
<td>more low- or moderate-income (&lt; 250% poverty) adults age 21+ with ADL disabilities would be covered by Medicaid.</td>
</tr>
<tr>
<td>Medicaid LTSS Balance: New Users</td>
<td>201,531</td>
</tr>
<tr>
<td></td>
<td>more new users of Medicaid LTSS would first receive services in home and community settings.</td>
</tr>
<tr>
<td>Nursing Home Hospital Admissions</td>
<td>120,602</td>
</tr>
<tr>
<td></td>
<td>unnecessary hospitalizations of people in nursing homes would be avoided. ($1.3 billion saved.)</td>
</tr>
<tr>
<td>Nursing Home Low Care</td>
<td>163,441</td>
</tr>
<tr>
<td></td>
<td>nursing home residents with low care needs would instead be able to receive LTSS in the community.</td>
</tr>
</tbody>
</table>

Notes: PWD = People With Disabilities; ADL = Activities of Daily Living. 
Source: State Long-Term Services and Supports Scorecard, 2011.
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