

OFFICE OF AGING AND ADULT SERVICES

Medicaid Long Term Supports and Services for
Persons with Age-Related or Adult-onset Disabilities

LTSS for Aged and Adult-Onset

- OAAS manages the DHH LTSS programs that primarily serve persons with age-related or adult-onset disabilities (occurring after age 22). Some programs are “cross-disability” and serve persons with developmental disabilities as well.
- OAAS provides direct management and/or programmatic expertise for over \$1 billion in Medicaid spending on community and facility – based LTSS for this population.

LTSS Programs and Activities

- Community Choices Waiver (CCW)
- Adult Day Health Care Waiver (ADHC)
- Long Term Personal Care Services (LT-PCS)
- Program of All-Inclusive Care for the Elderly (PACE)
- Permanent Supportive Housing (PSH)
- Money Follows the Person (MFP)
- Nursing Facility Admissions Review
- Villa Feliciana Medical Complex

Who Do We Serve?

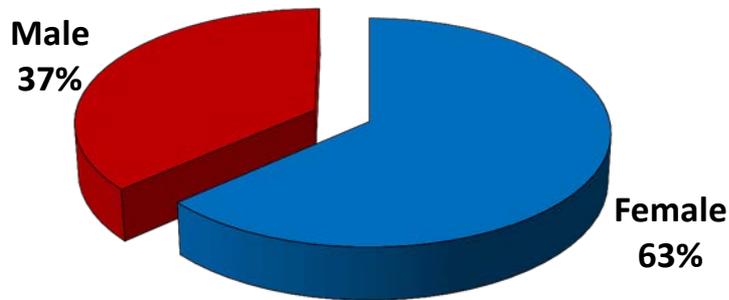
- OAAS-Medicaid LTSS programs serve about 40,500 individuals daily.
 - Individuals receiving long term care services in the home and community and in facilities.
- Home and community based services (HCBS) are intended to supplement natural supports. These services, alone or in combination, do not provide 24 hours of in-home support.

Dual Eligible Population FY 2013

LTC PROGRAM	% Dual Eligibles
LT-PCS	65%
ADHC	82%
Community Choices	86%
PACE	95%
Nursing Home	87%

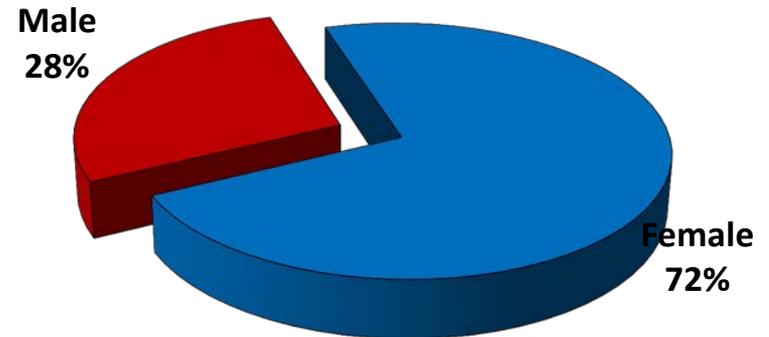
LTC Gender Distribution SFY 2013

Nursing Home Gender Distribution SFY 2013



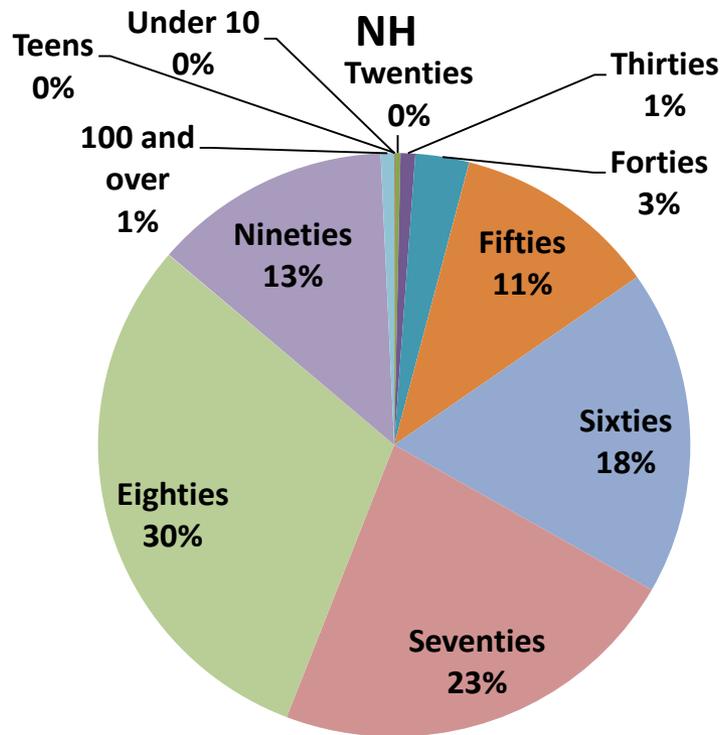
Includes Medicaid recipients in private Nursing Facilities

HCBS Gender Distribution SFY 2013

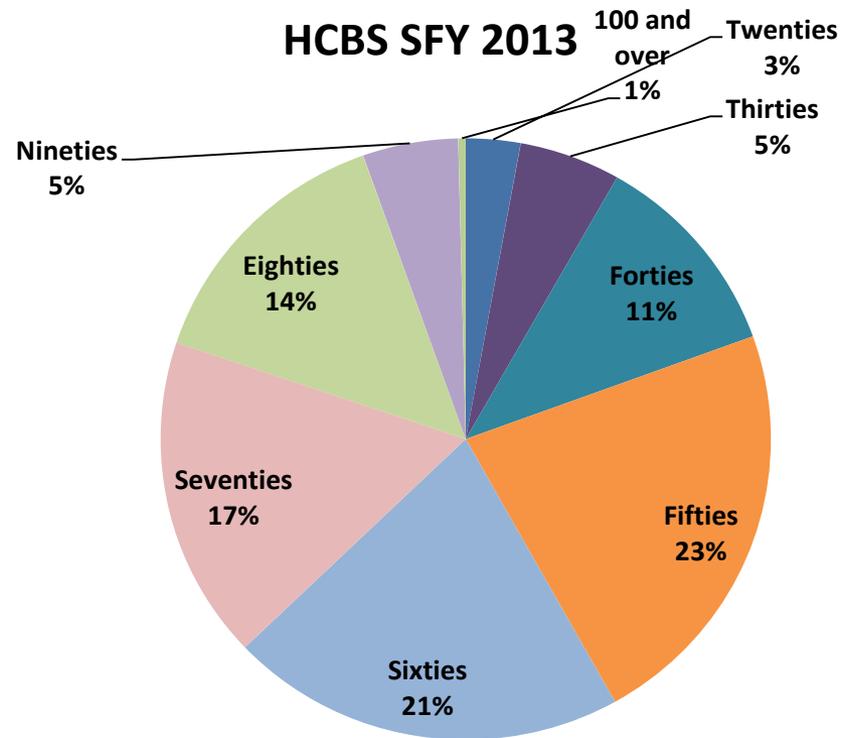


Includes ADHC, OAASCCW, PACE & LTPCS

Age Distribution of Recipients SFY 13



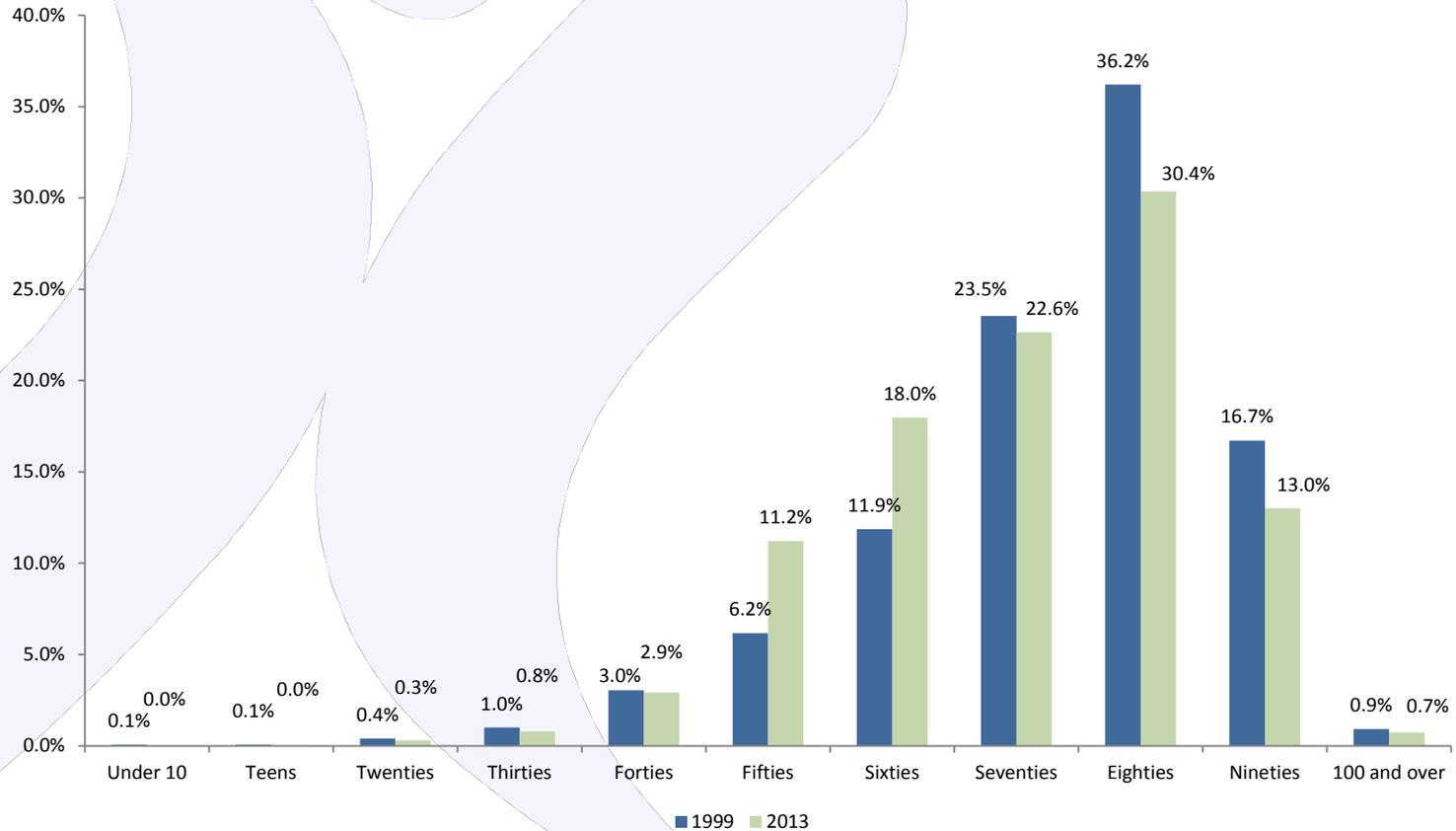
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Includes ADHC, OAASCCW, PACE & LTPCS

Age Distribution for Medicaid Nursing Home Residents (1999 vs. 2013)

Age Distribution of Medicaid Nursing Home Residents (1999 vs 2013)



Access to OAAS- Medicaid LTSS Services

LA Options in Long Term Care

- XEROX State Healthcare, LLC is the contractor who operates our access system.
- They screen and take applications for the Community Choices Waiver, the Adult Day Health Care waiver, Long Term Personal Care Services, Program of All-inclusive Care for the Elderly and Nursing home admissions.

**Louisiana Options in Long Term Care Hotline
1.877.456.1146 (TDD: 1.877.544.9544)**

Eligibility for LTSS

- Medicaid financial eligibility for LTC
 - Income 300% SSI (facility and waiver)
- Functional/Medical eligibility for most programs based on “nursing facility level of care”
- Level of Care Eligibility Tool (LOCET) – screening tool
- Minimum Data Set (MDS)

Community Choices Waiver (CCW)

The CCW replaced the EDA Waiver in 2011. It:

- Provides a broad array of services, such as personal care, support coordination, home modifications, home delivered meals, and nursing and skilled maintenance therapies that can improve independence in the home;
- Includes a participant “self-direction” option, which allows the participant to hire their own support staff; and
- Uses an acuity-based budget allocation system (SHARe).
- http://www.dhh.la.gov/assets/docs/OAAS/publications/CCW_Fact_Sheet.pdf

Adult Day Health Care Waiver (ADHC)

- ADHC provides health and social services in a center-based setting for all or part of a day.
- Transportation to the center is included as is support coordination.
- ADHC waiver participants may also receive in-home services through the LT-PCS program.
- More Info:
http://www.dhh.la.gov/assets/docs/OAAS/publications/ADHC_Fact_Sheet.pdf

Long Term Personal Care Services

- LT-PCS is a state plan service, not a waiver. This means it is available to anyone who qualifies with no waiting list.
- It also means only persons who are financially eligible for Medicaid (100% SSI income) qualify.
- It provides assistance with ADL and IADL only.
- Acuity-based allocation w/max of 32 hours per week
- More Info:
[http://www.dhh.la.gov/assets/docs/OAAS/publications/LT-PCS Fact Sheet.pdf](http://www.dhh.la.gov/assets/docs/OAAS/publications/LT-PCS_Fact_Sheet.pdf)

PACE – Program of All-Inclusive Care for the Elderly

- PACE is the only fully capitated, fully integrated, all-inclusive managed care operated by DHH today.
- PACE covers all acute and long term services for participants.
- PACE is center-based model but services may be provided anywhere.
- Two PACE sites in New Orleans and Baton Rouge.
- More Info:
http://www.dhh.la.gov/assets/docs/OAAS/publications/PACE_Fact_Sheet.pdf

Permanent Supportive Housing (PSH)

The Louisiana Permanent Supportive Housing (PSH) program provides housing with services to a low-income, cross-disability population who need support in order to maintain housing.

- To date, PSH has placed approximately 2,300 individuals with disabilities and the elderly into community housing.
- The Louisiana PSH program was recognized by the Department of Housing and Urban Development as a model PSH program.
- In February, Louisiana was awarded a grant to expand PSH to all areas of the state.

Nursing Facility Admissions

- Conduct level of care and PASSR Level I screening for all nursing home admissions to certified facilities.
- Process about 500 admission requests per week or about 26,000 per year
- Approve for Level of Care and Medicaid payment

Money Follows the Person (MFP)

MFP is a CMS Demonstration Program Aimed at Transitioning Persons from Facilities into the Community.

- To date, MFP has transitioned 588 individuals with another 248 individuals who are eligible but are waiting for community services (such as housing) to move to the community.
- Individuals who transition are typically eligible for support services, such as those provided through the Community Choices Waiver, at a savings of about \$16,000 per year.

OAAS/LTSS Providers

Provider Type	Location	Number of Providers
Personal Care (HCBS license)	Statewide	Approx. 650 agencies
Adult Day Health Care	Statewide – though some areas not served	Approx. 40 Centers
Nursing Facilities	Statewide	Approx. 280 Facilities
PACE	New Orleans, Baton Rouge	2
Other Waiver Providers (e.g. support coordinators, home modifications, meals, home health)	Statewide	Varies

Transformation of HCBS through implementation of Service Hours Allocation of Resources, or “SHARe”

Since 2009, OAAS has greatly increased the number of persons served in home and community based settings (HCBS) while slowing cost growth.

- Between FY 2009 and FY 2012, the number of persons receiving HCBS services *grew* by over 8,700 people, while spending was *reduced* by about one million dollars.
- There continues to be no increase in the rate of admission from HCBS services into nursing facilities.

Overview of HCBS Program Change

SFY	Recipients	% Change in Recipients	Expenditures	% Change in Expenditures	Average Expenditure	% Change in Average Expenditure
SFY-08	12,271	32%	\$252,972,047	53%	\$20,615	3%
SFY-09	14,914	11%	\$316,788,237	25%	\$21,241	3%
SFY-10	18,215	22%	\$300,538,453	-5%	\$16,500	-22%
SFY-11	19,930	9%	\$314,287,721	4.6%	\$15,770	-4.4%
SFY-12	23,671	19%	\$315,631,754	0%	\$13,334	-15%
SFY-13	24,899	5%	\$359,587,247	13.9%	\$14,442	8.3%
Five year % change		103%		42%		-30%

Average Annual Expenditure Per Person

	SFY 2009 Average \$\$	SFY 2013 Average \$\$	% Change	Rate Changes	Programmatic Impact
EDA/CCW	\$37,815	\$26,599	-30%	-7%	-23%
LTPCS	\$22,664	\$15,271	-33%	-19%	-14%
ADHC	\$21,246	\$23,443	10%	-5%	15%

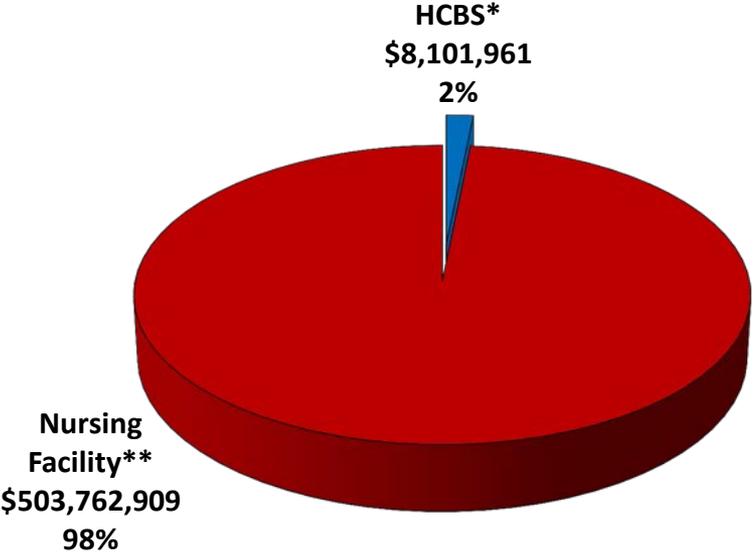
Transformation of Waiver Quality Assurance System

With CCW, OAAS implemented a new quality assurance system.

- Developed under a CMS Systems Transformation Grant.
- Guided by CMS quality expectations which CMS has stated must be incorporated into a MLTSS system.
- Role of OAAS regional waiver staff shifted from conducting eligibility & plan of care reviews to acting as trainers, quality monitors, and providers of technical assistance to support coordination agencies.
- OAAS trained and certified 300+ support coordinators and implemented new performance standards for support coordination agencies.

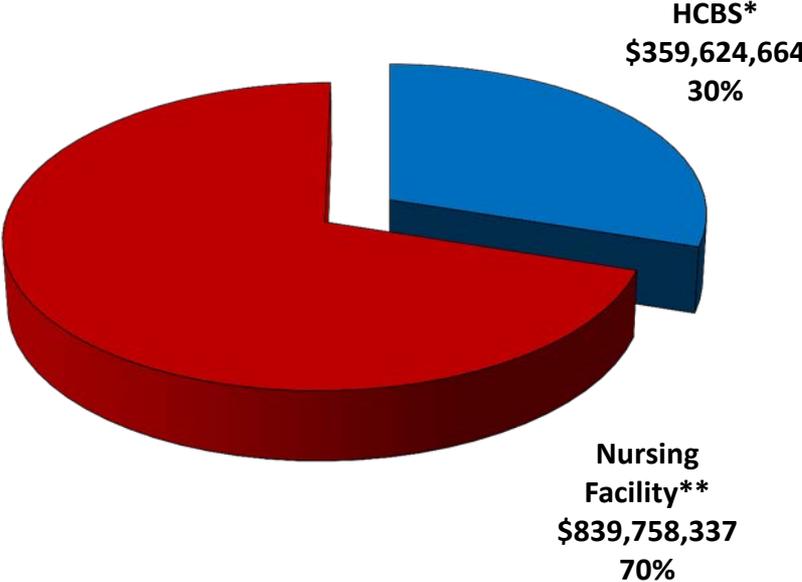
HCBS vs. Nursing Facility Expenditures

State Fiscal Year 1999/00



* Includes ADHC, OAASCCW , PACE & LTPCS
** Includes Medicaid expenditures for private Nursing Facilities

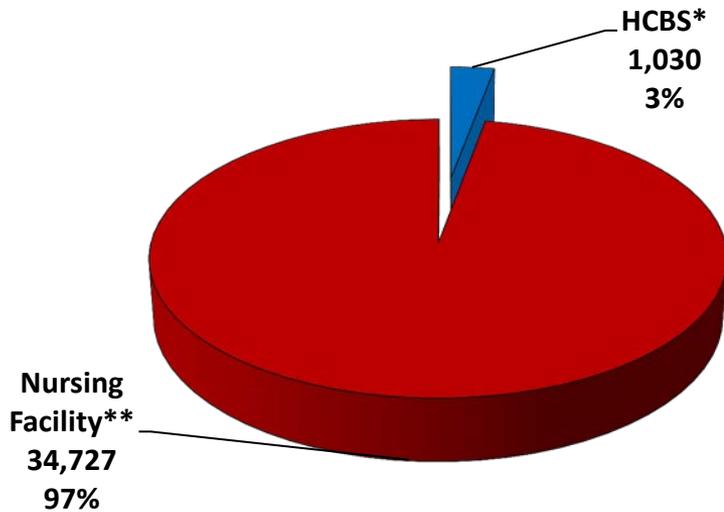
State Fiscal Year 2012/13



* Includes ADHC, OAASCCW , PACE & LTPCS
** Includes Medicaid expenditures for

HCBS vs. Nursing Facility Recipients

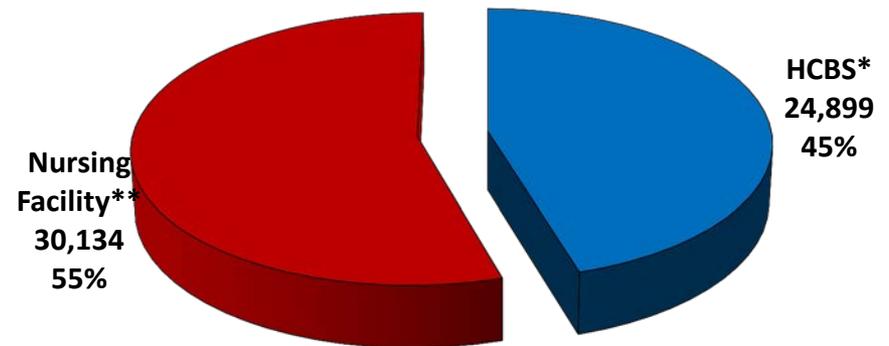
State Fiscal Year 1999/00



*Includes ADHC, EDA, & PCA

** Includes Medicaid recipients in private Nursing Facilities

State Fiscal Year 2012/13



* Includes ADHC, OAASCCW , PACE & LTPCS

** Includes Medicaid recipients in private Nursing Facilities

Rebalancing – Aged/Adult LTSS Medicaid NF – HCBS Spending Ratio

25

FISCAL YEAR	HCBS	NF	Total	
FY 2006/2007	165,270,226	654,585,262	819,855,488	20%
FY 2007/2008	253,044,022	692,707,376	945,751,398	27%
FY 2008/2009	316,943,953	716,921,156	1,033,865,109	31%
FY 2009/2010	300,751,454	737,531,044	1,038,282,498	29%
FY 2010/2011	314,381,887	849,705,179	1,164,087,066	27%
F 2011/2012	315,843,548	770,850,604	1,086,694,152	29%
F 2012/2013	359,624,664	839,758,337	1,199,383,001	30%
National Average				36%
All LTC (2009): LA = 36% National Average = 44%				

Average Annual Cost Per Person as a Percentage of Nursing Home Cost

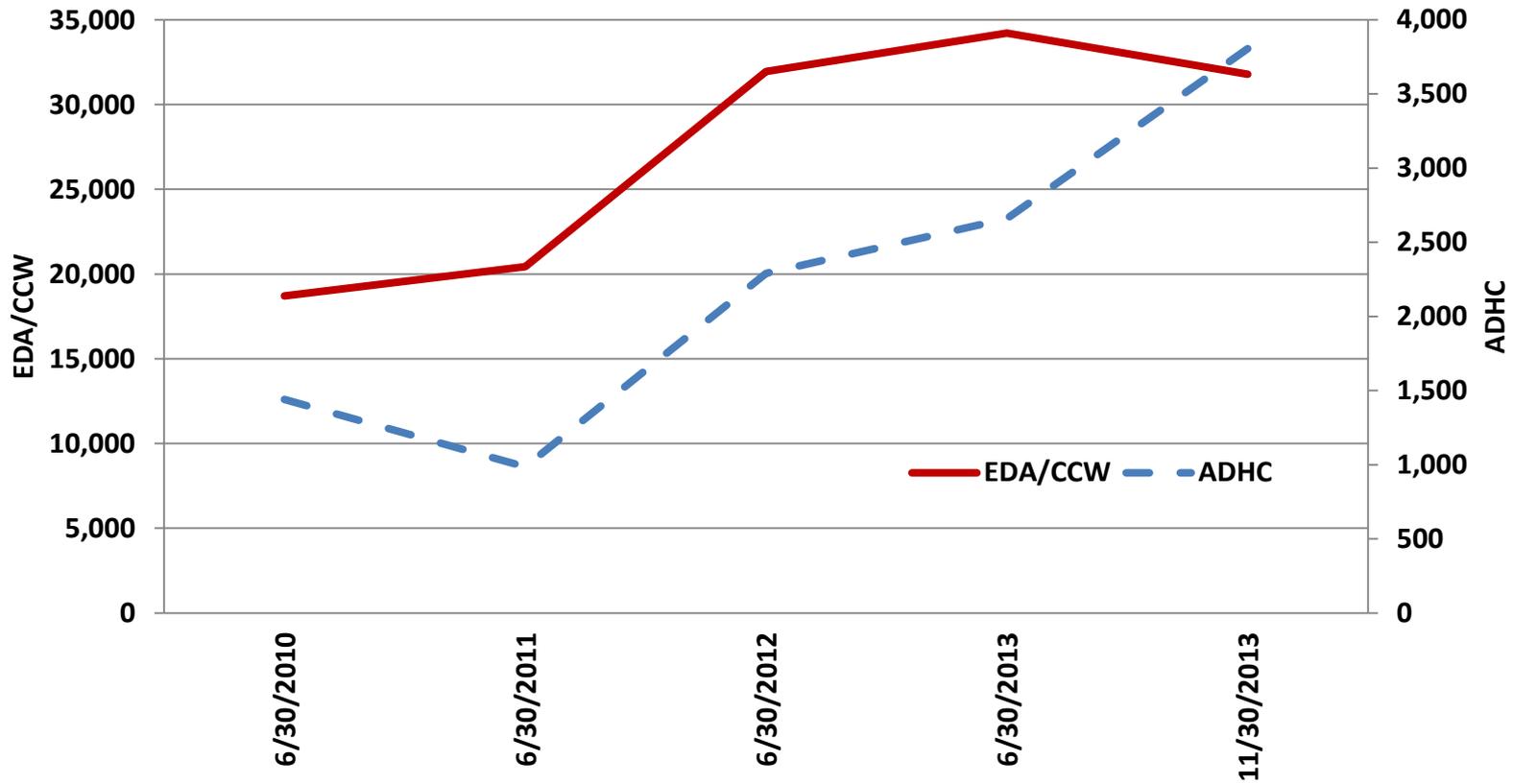
LTC PROGRAM	Average Annual Cost**	% of NH Cost	% of NH Cost (SGF only)
LT-PCS*	\$15,271	36%	47%
ADHC	\$23,443	55%	71%
Community Choices	\$26,599	62%	81%
PACE	\$35,713	83%	109%
Nursing Home	\$42,947		

* non waiver LTPCS only

** Program Expenditures - SFY 2013

NOTE: PACE includes acute costs

Request for Services Registry Counts



Challenges

- Waiting list
- Fragmentation
 - Need for coordination with acute, behavioral health
- Overall ranking – AARP study says LA 43rd in LTSS
 - Quality issues such as hospitalization rates
 - Rebalancing