

CHC Evaluation Update MLTSS Sub-MAAC March 9, 2021

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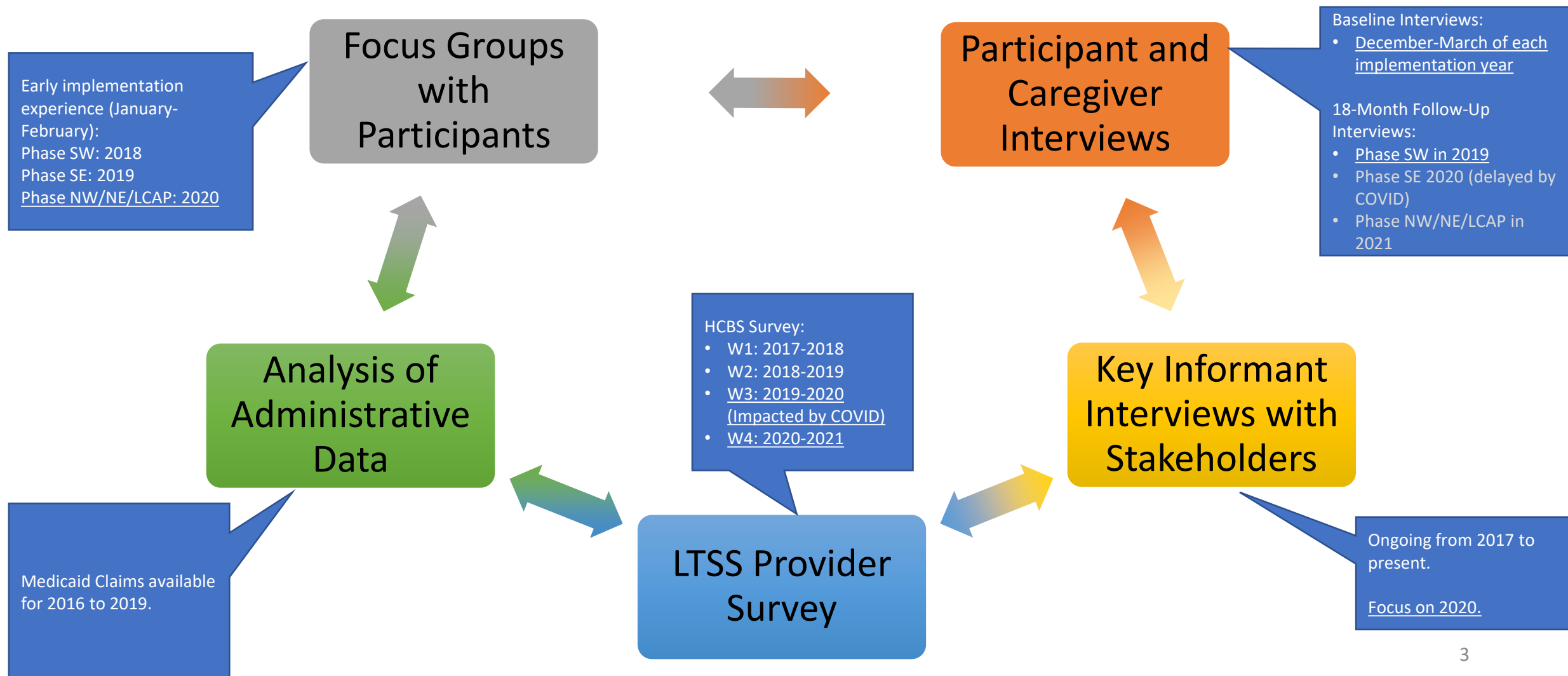
Medicaid Research Center



Overview

- The Medicaid Research Center is conducting a 7-year evaluation of CHC
 - Independent assessment of program implementation and impact
- Multiple methods from a wide range of data sources
- High priority on participant voice
 - Augments what we learn from administrative data
 - Focus groups and surveys
- Regular contact with OLTL on findings
 - Independent data helps verify and validate anecdotal reports OLTL hears from other sources
 - Aid decision making in real time
- Findings in this presentation:
 - Participant Experience
 - Enrollment Experience
 - Activities and Well-Being
 - Focus Groups – Phase III Implementation (Winter 2020)
 - Provider Experience
 - Qualitative Interviews
 - Administrative Data:
 - Rebalancing (2016-2018)
 - HCBS Use (2016-2018)
 - Nutritional Assistance (2017-2018)
 - COVID-19
 - Participant Impact
 - Provider Impact

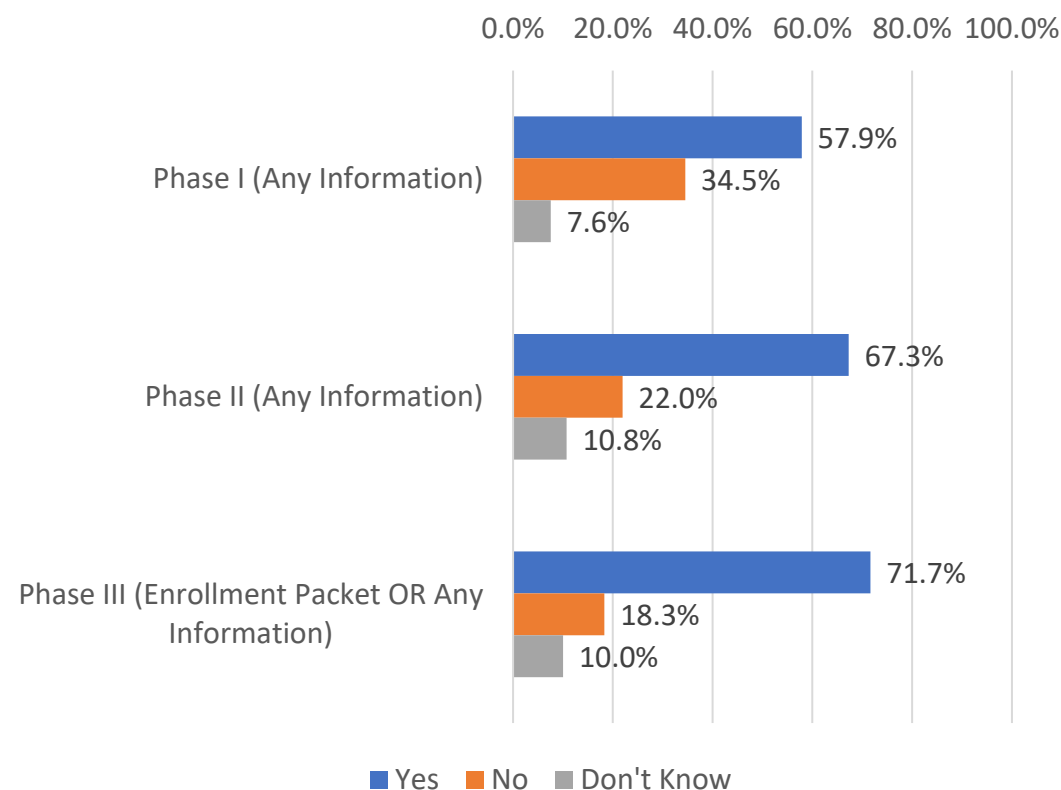
Evaluation Overview



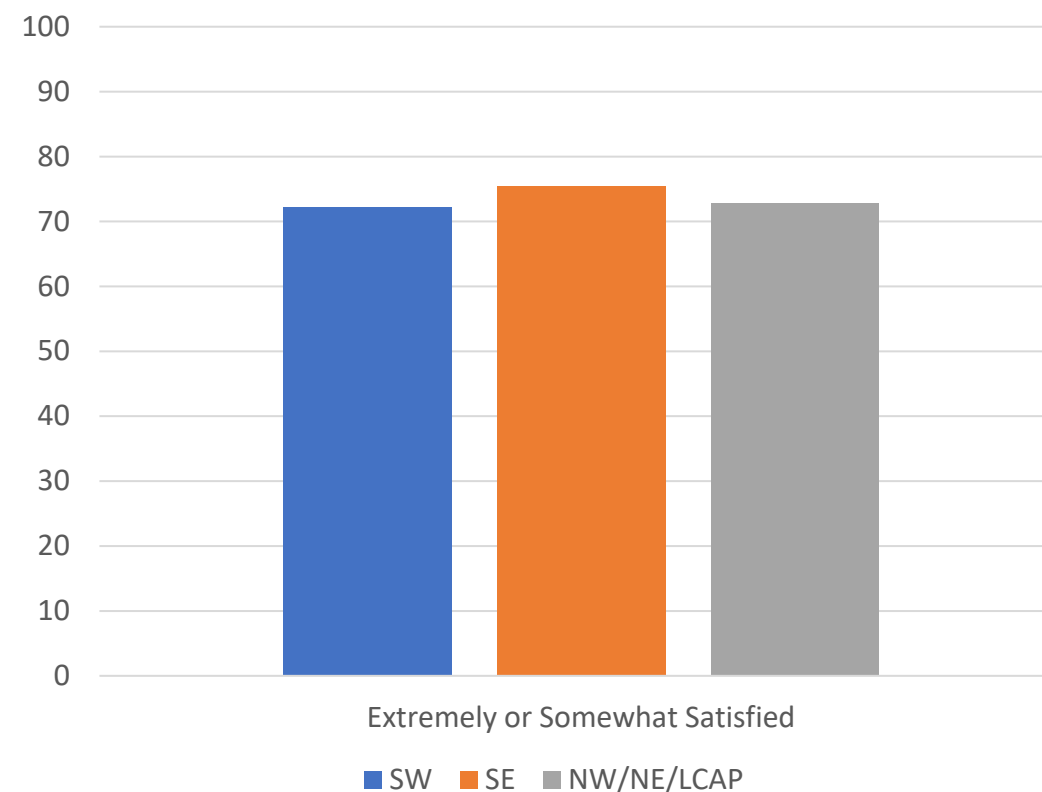
Participant Experience Telephone Interviews (2017-2020)

Overall CHC Enrollment Process: Interviews Conducted in January-March 2018/2019/2020

Did You Receive Information about CHC?



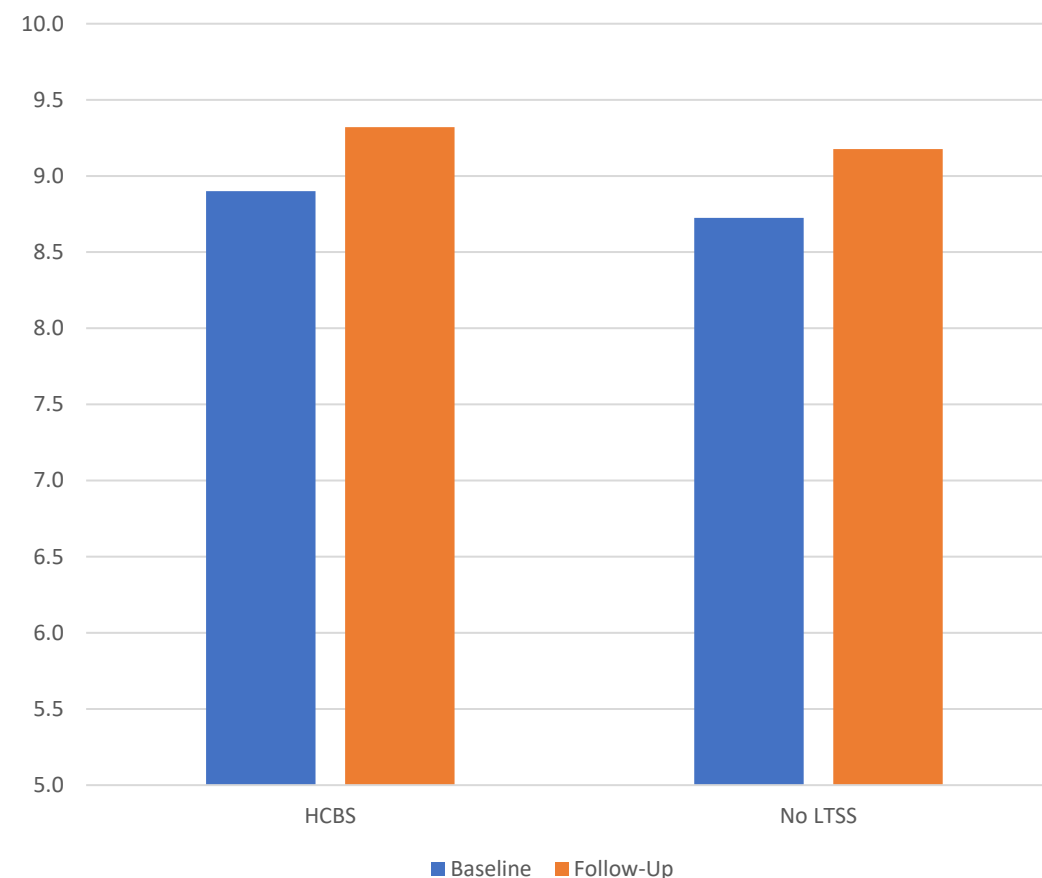
How Satisfied were you with Information?



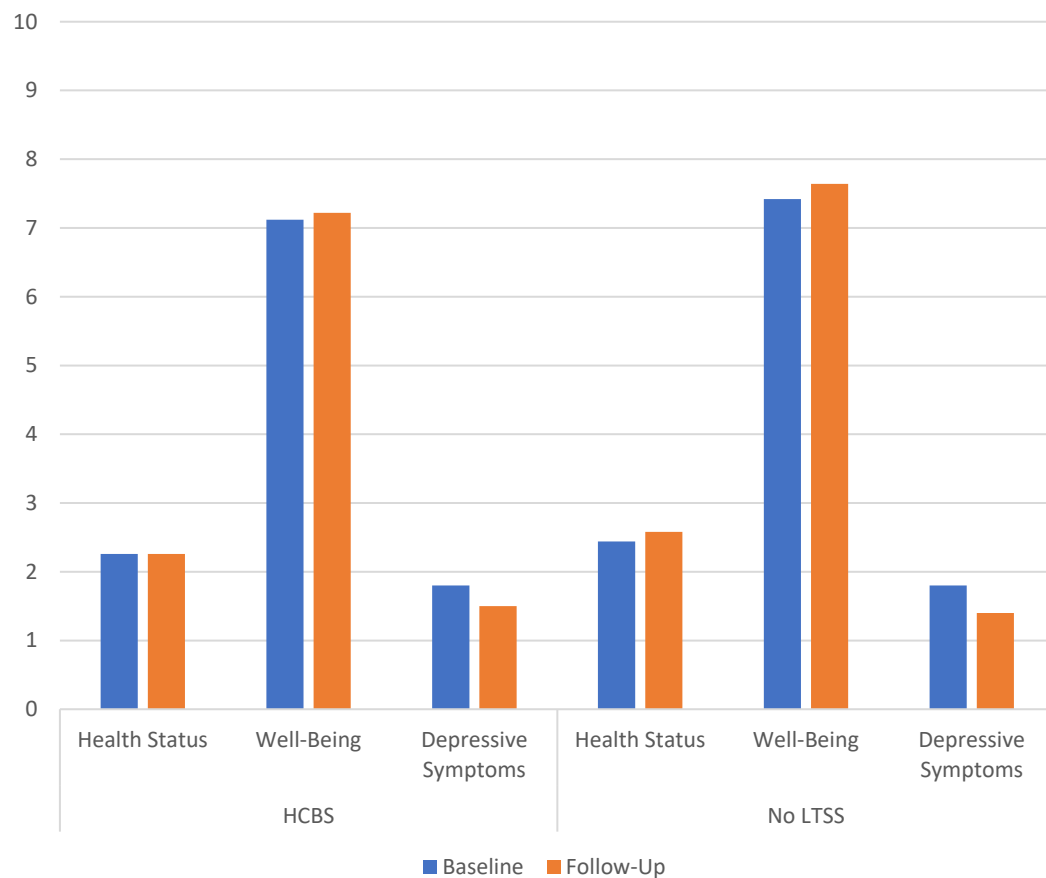
Note: in Phase II and III participants were asked if they had received an enrollment packet. If they said No or Don't Know, they were asked if they had received any information about CHC.

Participant Experience with Phase I Implementation: Engagement in Preferred Activities

- Phase I Interviews:
 - Baseline: January 2019-March 2018
 - Follow Up: July 2019-October 2019
- Did Participant:
 - Visit friends and family
 - Attending religious services
 - Participate in clubs, classes or other organized activities
 - Entertainment
- Weighted based on the importance placed on each activity
 - not important (1)
 - somewhat important (5)
 - very important (10)



Participant Experience with SW Implementation (2018): Participant Health Status, Well-Being and Depression



- Health status (1-5)
 - Excellent, very good, good, fair, poor
- Psychological Well-being (1-10)
 - mood, meaning, and control
- Depressive symptoms:
 - PHQ-9
 - Percent with probable depression

Participant Focus Groups

NW/NE/LCAP

January, 2020

Participant Experience:

Focus Groups w/Participants and Caregivers (NE/NW/LCAP)

- Sessions conducted in NE/NW/LCAP
 - 22 sessions; 8 counties
 - February 2020
- Paperwork was confusing
 - Misinformation at public meeting about enrollment and switching plans
 - DSNP customer service helped one participant
- Service Coordination
 - New SC is great but doesn't know everything
 - One participant hasn't heard from mental health coordinator
- Medical providers are not aware of CHC
 - Consumers have been informing their doctors
- Confusion over interaction with Medicare and 'need' to choose a 'new' PCP
- One participant reported no problem with medications or co-pays
- One participant reported getting home mod and walker
- Caregivers report info sessions and packets were great; changes were seamless

Qualitative Interviews with Key Informants (2020)

Impact of CHC on Service Coordination: Interviews with SCEs

- CHC-MCOs implemented a hybrid model of service coordination
 - Service coordination is an administrative function of the MCOs
 - Hybrid model of internal and external (partner) SCEs
 - CHC-MCOs have discretion to contract with qualified SCEs
- The number of contracted partner SCEs decreased over time
 - By Q4 2020, there were 35 distinct partner SCEs
 - Moving into 2021, there were 17 distinct partner SCEs
- Preliminary themes from Interviews with the Service Coordination Entities (Q3 2020 – Q1 2021)
 - Staff Turnover
 - Communication and Training
 - Decreased Fraud
 - Improvement over the Course of the Implementation (2018-2021)
 - Financial Impact
 - Personal Assistant Hours Reduced
 - Participants with Intellectual Disabilities
 - Assessments and Authorizations

Impact of CHC on Service Coordination: Themes (2)

- Staff Turnover
 - Many SCEs reported losing staff to the CHC-MCOs
 - *“what was challenging was the significant amount of turnover of staff because of the MCO hiring...at all levels.”*
- Communication and Training
 - Some SCEs were very positive
 - *“Everybody we've dealt with at (MCO) has been very knowledgeable, very easy to communicate with, very helpful; so you know I've seen it as a positive experience.”*
 - Challenging to learn three systems
 - *“We didn't get a lot of training as far as how to use their documentation systems, so we didn't know what to expect for documentation, but we knew it was going to be different for all three and we knew it was going to be a challenge.”*
- Decreased Fraud
 - Following the continuity of care period, CHC-MCOs addressed concerns about some unethical SCEs
 - *“We did see the MCO's pretty quickly identify and address some of the more unethical supports coordination agencies.”*
- Prior Issues Now Resolved
 - Billing was a challenge at first, but improved
 - Successful transition to CHC
 - *“It's fully implemented across the state and for the most part it's been a pretty seamless transition.”*
 - *“billing issues that occurred in the beginning have since been resolved.”*

Impact of CHC on Service Coordination: Themes (3)

- Closure of SCEs
 - Many SCEs permanently closed during CHC
- COVID-19
 - Changing operations and service delivery
 - Working remotely, screening and temperature checks for employees
 - Securing Personal Protective Equipment (PPE)
 - *“two of the MCO’s delivered PPE for our whole office.”*
 - Social isolation for CHC participants
 - Communication plan from OLTL
 - *“The Office of Long-Term Living put together a very comprehensive plan and their willingness to listen to SC agencies and professional associations that were giving them input. They were phenomenal in listening to us.”*
- Financial Impact
 - Some SCEs said it was positive, some said it was negative
 - *“It’s been a positive if that’s what you’re looking for. We’re not losing money.”*
- Personal Assistant Services hours reduced
 - PAS hours have been reduced by the CHC-MCOs
 - *“yeah, there has been a shift toward a decrease in hours.”*
- Intellectual Disabilities Waiver participants transitioning to CHC
 - SCEs reporting an influx of ID waiver participants transitioning to CHC
- Assessments and authorizations
 - Very lengthy assessments and authorizations take too long
 - *“their assessments and process and documentation and authorizations were taking SC’s upwards of five hours per participant”*

Impact of CHC on Nursing Homes: Themes

- Financial Impact
 - Rate setting- most SNFs were not given a choice on rates and assigned the floor rate
 - Positive and negative
 - “honestly I think its better, I think we’re getting payments quicker, I think its coming in a better method.”
 - “the financial impact has been negative”
- Staffing Issues
 - More demanding workload for social services staff
- Behavioral Health Coordination
 - Most SNFs have no knowledge of behavioral health care coordination
- Billing and Eligibility
 - Much improved
 - “We’ve seen a much quicker turnaround in people’s eligibility and payment.”
- COVID-19
 - Increased workload, increased costs, staffing issues
- Transportation
 - Message seems to be resonating with the SNFs that transportation is not covered
 - “I’d think we have to pay. We have to absorb that in our budget.”
- MCO Communication and Interaction
 - Improved over time
 - “We have a positive relationship with them....I think we get along with them well.”
- Nursing Home Transition
 - Not much change since prior to CHC
 - “NHT was supposed to be one of the pushes with CHC. But in all reality, there’s nowhere for these residents to go.”

Impact of CHC on Adult Day Centers: Themes

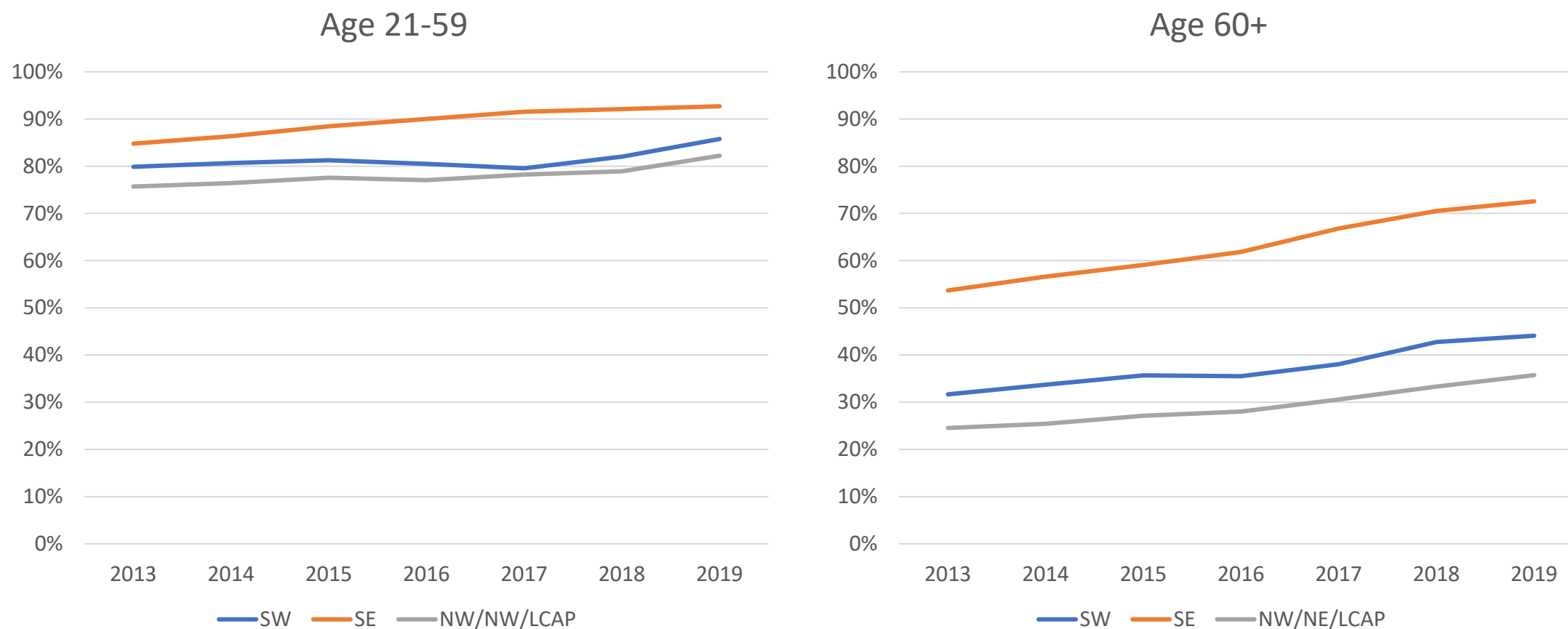
- Underutilized in CHC
 - Not enough education about the concept of adult day services
 - Referrals- low to no volume
- Virtual Services
 - Some are providing virtual services and would like official authorization from the CHC-MCOs
- COVID-19
 - Many centers are still closed
 - Many had to furlough staff
 - Vaccinations for staff have commenced
- Service Coordination
 - SCs are changing frequently and no dedicated contact person
- Billing
 - Different systems for billing
 - Quicker payment
 - Some are still owed money for past services provided

Impact of CHC on Home Care Agencies (PAS): Themes

- Volume of homecare providers entering the market is still increasing
- Staffing Issues
 - COVID-19 has exacerbated those issues
- Still some challenges with billing and authorizations
- COVID-19
 - PPE costs have risen
 - Staff shortages

Quantitative Analysis of Medicaid Claims Data (2016 to 2019)

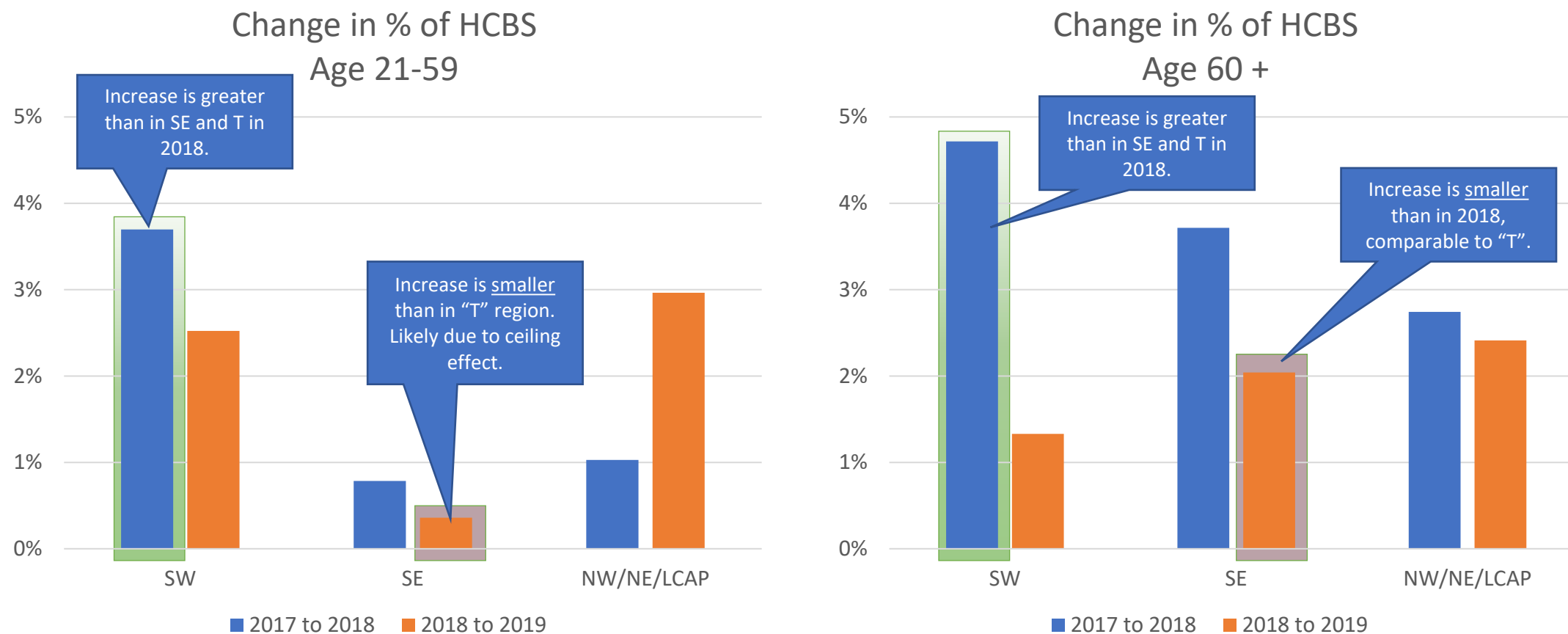
Quantitative Findings: Percent of LTSS Participants in HCBS (2013-2018)



Note: Estimates based on December of each year.

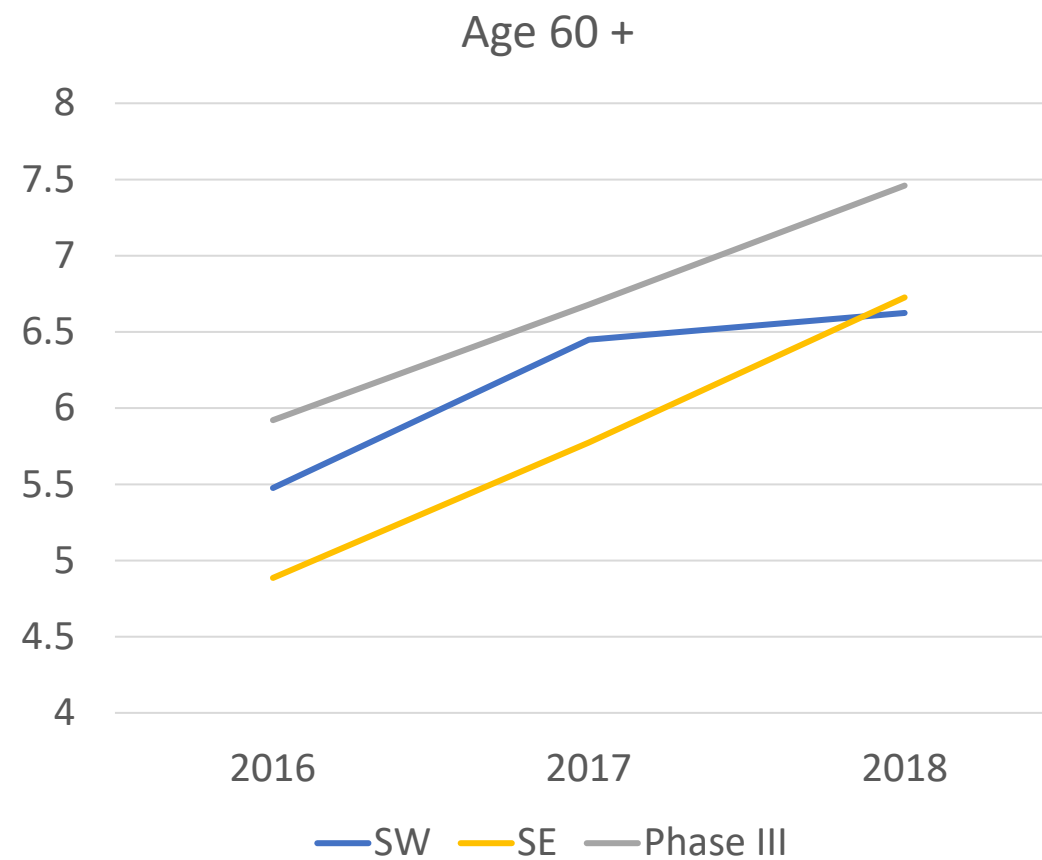
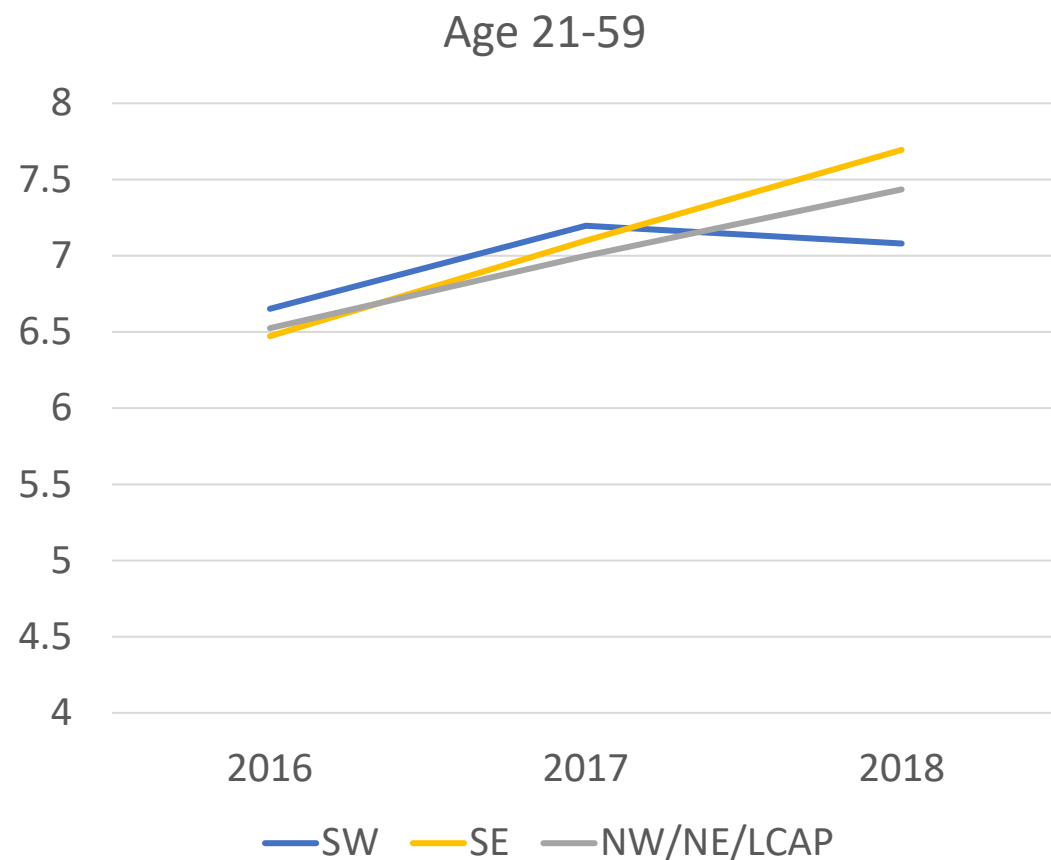
Source: Medicaid enrollment data 2013 to 2018.

Quantitative Findings: Increased Community Living for people with LTSS Needs



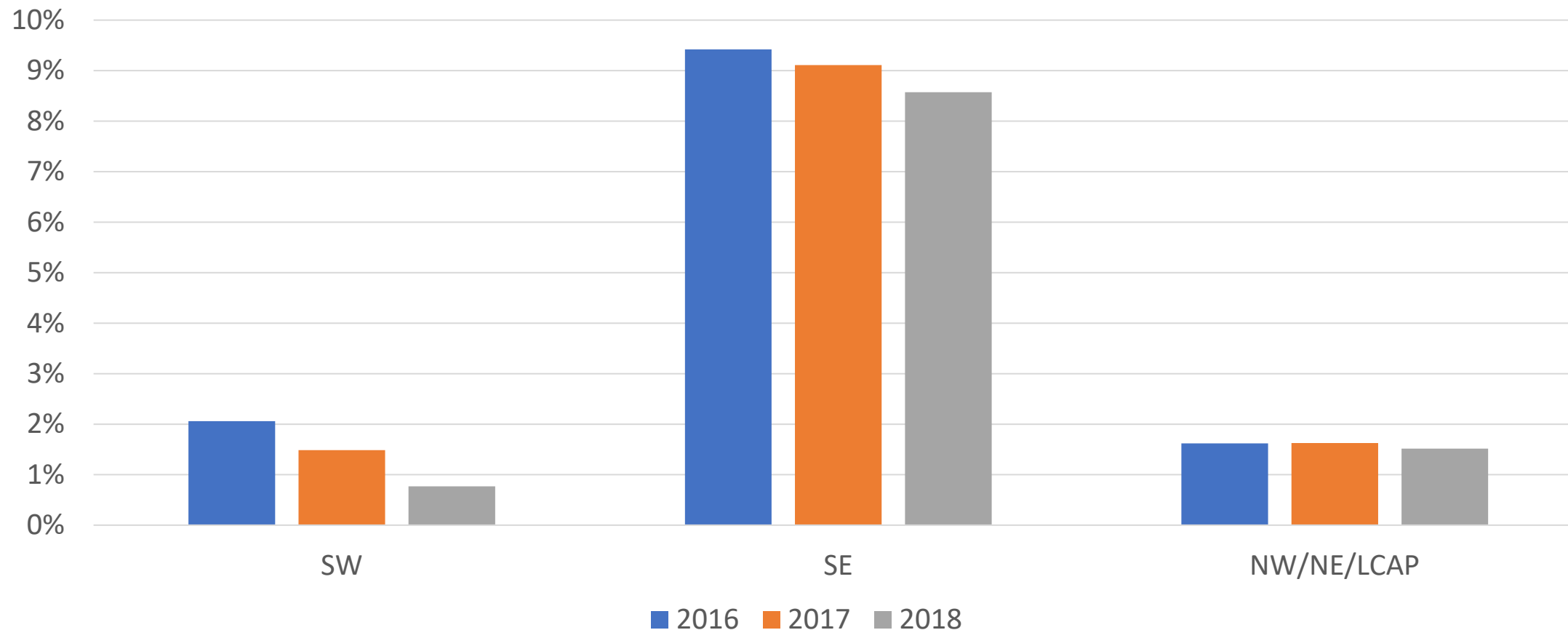
Note: Estimates based on December of each year. Bars outlined in green are SW and pink are SE implementations.

Quantitative Findings: HCBS Use Personal Attendant Service: Hours Per Person Per Day (2016 to 2018)



Source: Medicaid enrollment and claims data 2013 to 2018.

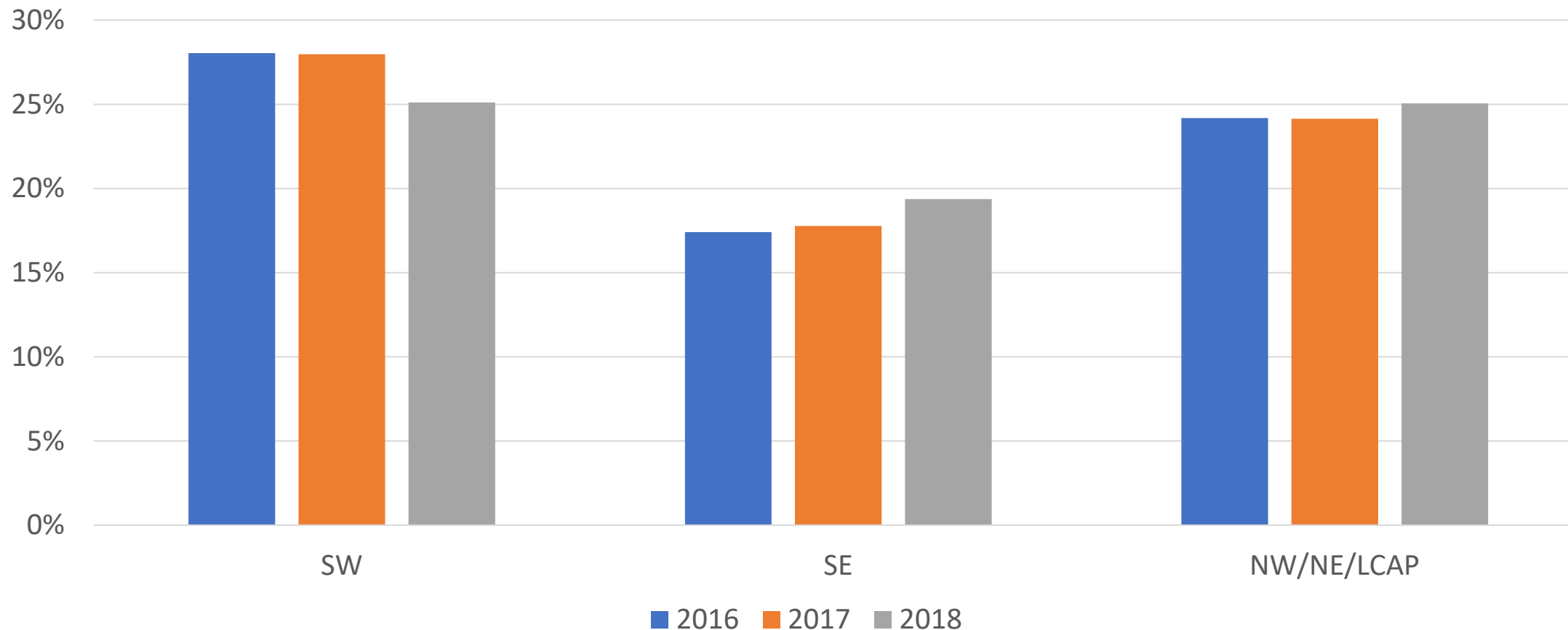
Quantitative Findings: HCBS Use Adult Day Care Use Among HCBS Users Age 60+ (2016 to 2018)



Note: Any Adult Day Care Use per Person per Month

Source: Medicaid enrollment and claims data.

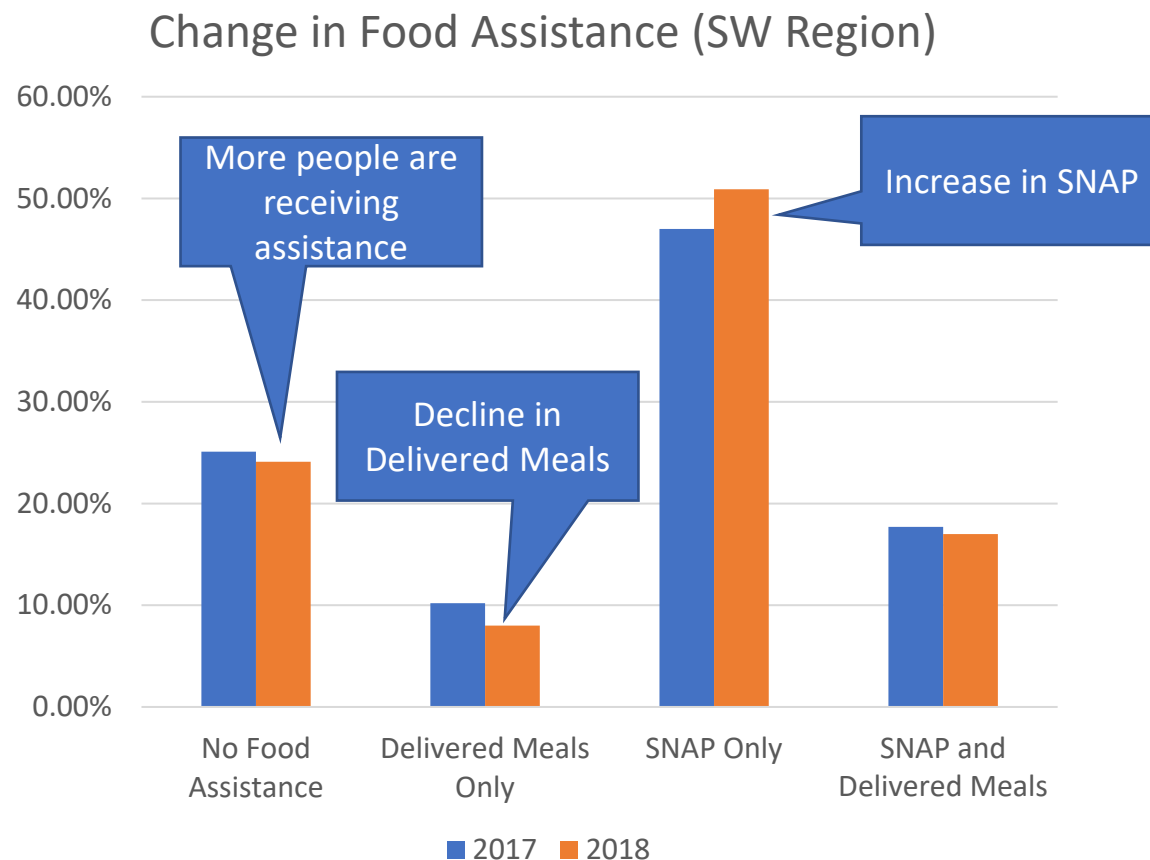
Quantitative Findings: HCBS Use Home Delivered Meal Use Among HCBS Users Age 60+ (2016 to 2018)



Note: Any Meal Use per Person per Month
Source: Medicaid enrollment and claims data.

Overall Food Assistance Increased in SW Region (2017-2018)

- Supplementary Nutritional Assistance Program (SNAP) data merged with Medicaid enrollment and claims
- Cross-tabulated receipt of any SNAP in each year with receipt of any delivered meals
- Limited to Age 60+ HCBS Participants
- Different patterns by Phase:
 - Phase II: SNAP is basically unchanged
 - Phase III: SNAP increases smaller than in Phase I

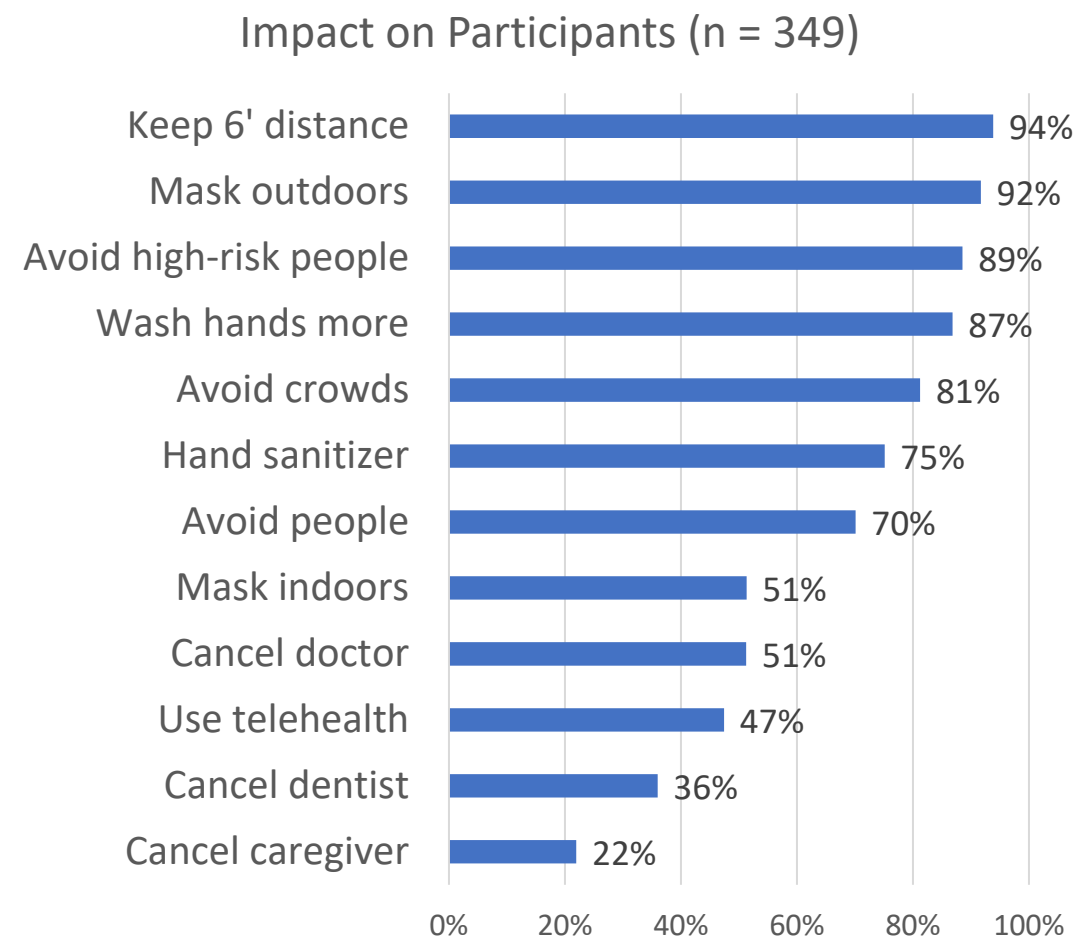


Impact of COVID-19 on Participants and HCBS Providers:

- May-June, 2020
- December 2020 to February 2021

Questions about COVID-19 added to Participant Interviews conducted May 15 to July 31, 2020 (NW/NE/LCAP Only)

- < 2% of Participants report themselves or household were infected.
- Comparing interviews conducted before and after April 1:
 - Significant decline of 5% ($p = 000$) in preferred activities (Visiting, Religious service, Clubs)
 - Decline in psychological well-being of 3.6% ($p = .031$)
- No difference in depressive symptoms
 - Lower prevalence of symptoms among people age 60+ ($p = .020$)



HCBS Provider Surveys: Impact of COVID-19 (Statewide)

Surveys Completed from May 15 to June 22

- Impact on Providers (n= 90)
 - 27% had >1 client with COVID-19
 - 56% were refused entry to client home
 - 28% unable to get PPE
 - 37% had staff refuse to enter
 - 18% had >1 staff with COVID-19
- Financial impact:
 - 57% lost revenue
 - 43% applied for small business loan
- Ability to provide care in past week compared to before outbreak:
 - 27% worse
 - 61% unchanged
 - 12% better
- Specific needs over past week:
 - 19% report inadequate staff
 - 11% report inadequate PPE
 - 13% report inappropriate training
- Other Comments:
 - Adult day center is closed

Surveys Completed December, 2020 to February 2021 (n=503)

- Ability to provide care:
 - In person: 220 (43.7%)
 - In person and telephone: 191 (37.9%)
 - Not at all: 58 (11.5%)
- Over the past two weeks:
 - 42% had >1 client with COVID-19
 - 42.6% were refused entry to client home
 - 21.6% report inadequate PPE
 - 27.4% had staff refuse to enter
 - 42.9% had >1 staff with COVID-19
- Extent to which COVID-19 has greatly impacted organizations (9 or 10 on 10 point scale):
 - Ability to Provide high quality of care: 12.4%
 - Ability to provide High quality of life: 12.6%
 - Financial status: 34.8%

Summary

- Enrollment process improved over three phases of implementation
- Phase I Findings:
 - HCBS utilization in 2018 shows controlled growth in PAS hours, drops in other service categories
 - Participant quality of life remains relatively high
 - Psychological well-being and depressive symptoms unchanged
 - Small positive improvement in preferred activities
- Substantial impact of COVID on participants and providers
- Findings under review for public release
- Activities for 2021:
 - Follow-up interviews with Participants statewide
 - Complete HCBS Provider Survey
 - Launch Nursing Home Provider Survey
 - Analyze Medicaid data from 2019 and 2020
 - Merge with Medicare data
 - Analyze Assessment (interRAI-HCBS) and FED data
 - Analyze Nursing Home MDS Data

Contact Information

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