

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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Consumer Voice for Quality Long-Term Care



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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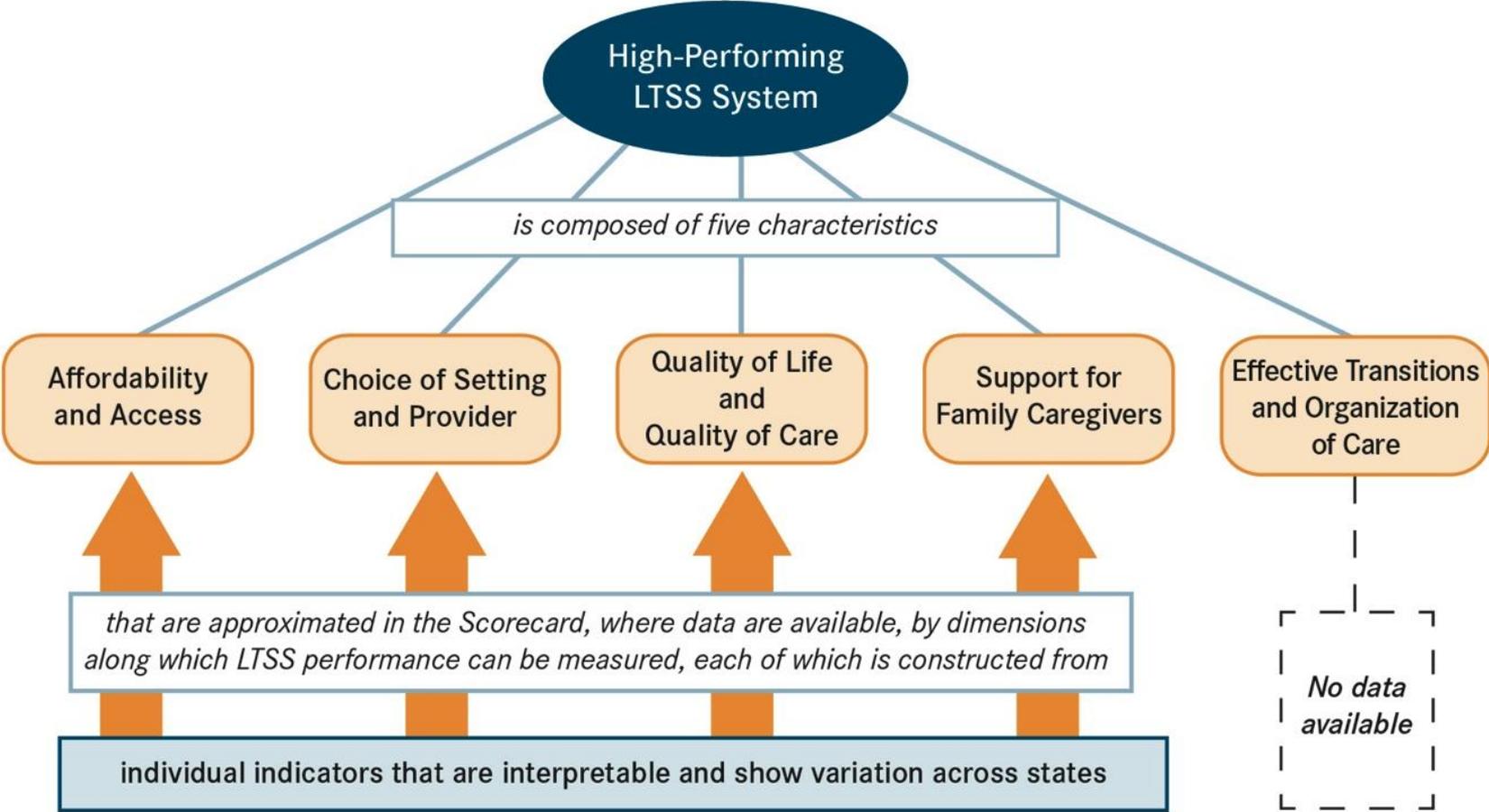
Goals

- 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.

Framework for Assessing LTSS System Performance



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.

Dimension: Affordability and Access

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.

Dimension: Choice of Setting and Provider

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.

Dimension: Quality of Life and Quality of Care

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:

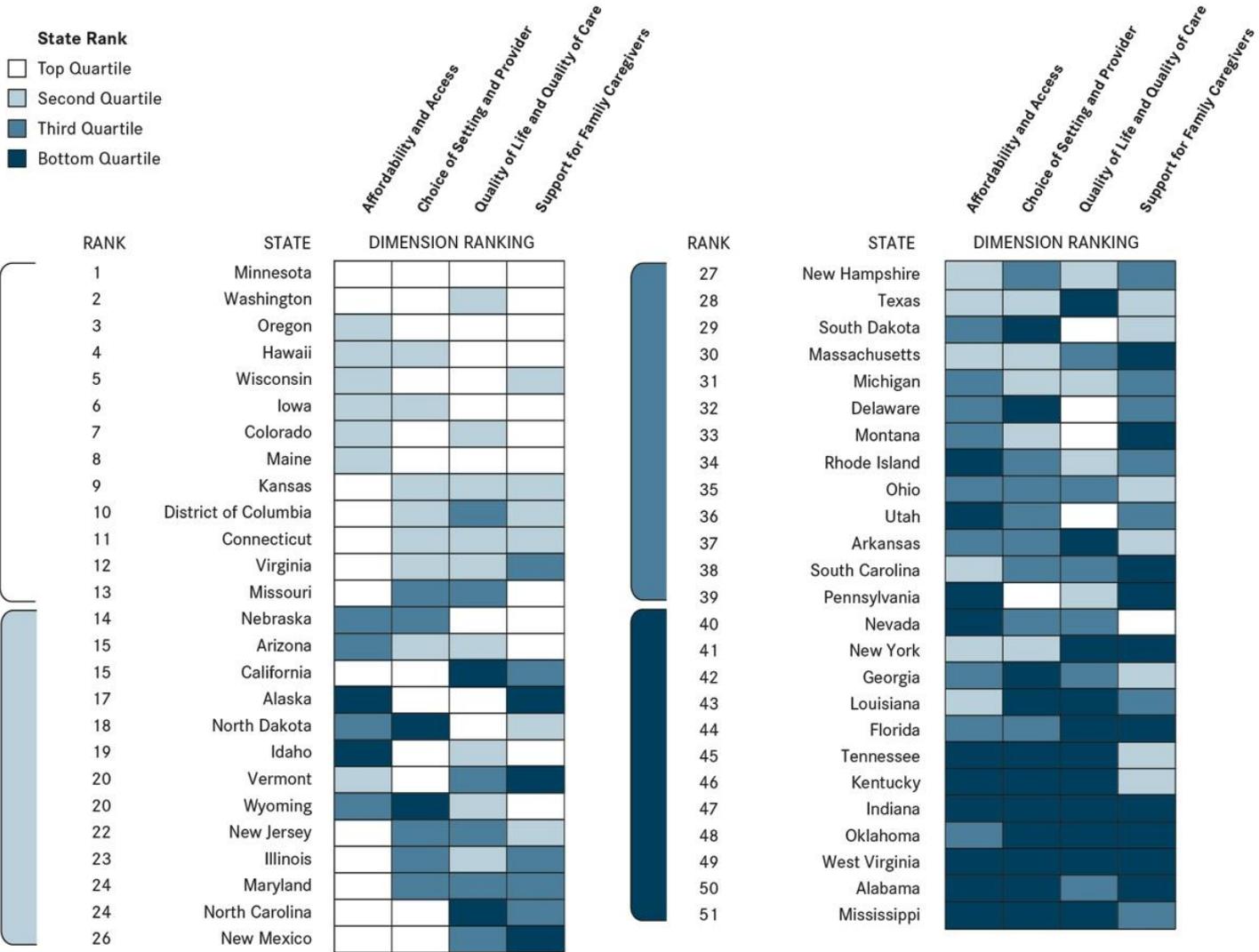
- Level of support reported by caregivers;
- Legal and system supports provided by the states; and
- The extent to which registered nurses are able to delegate health maintenance tasks to non-family members, which can significantly ease burdens on family caregivers.

Legal and System Supports for Family Caregivers (Composite Indicator)

States were scored on each of 5 categories:

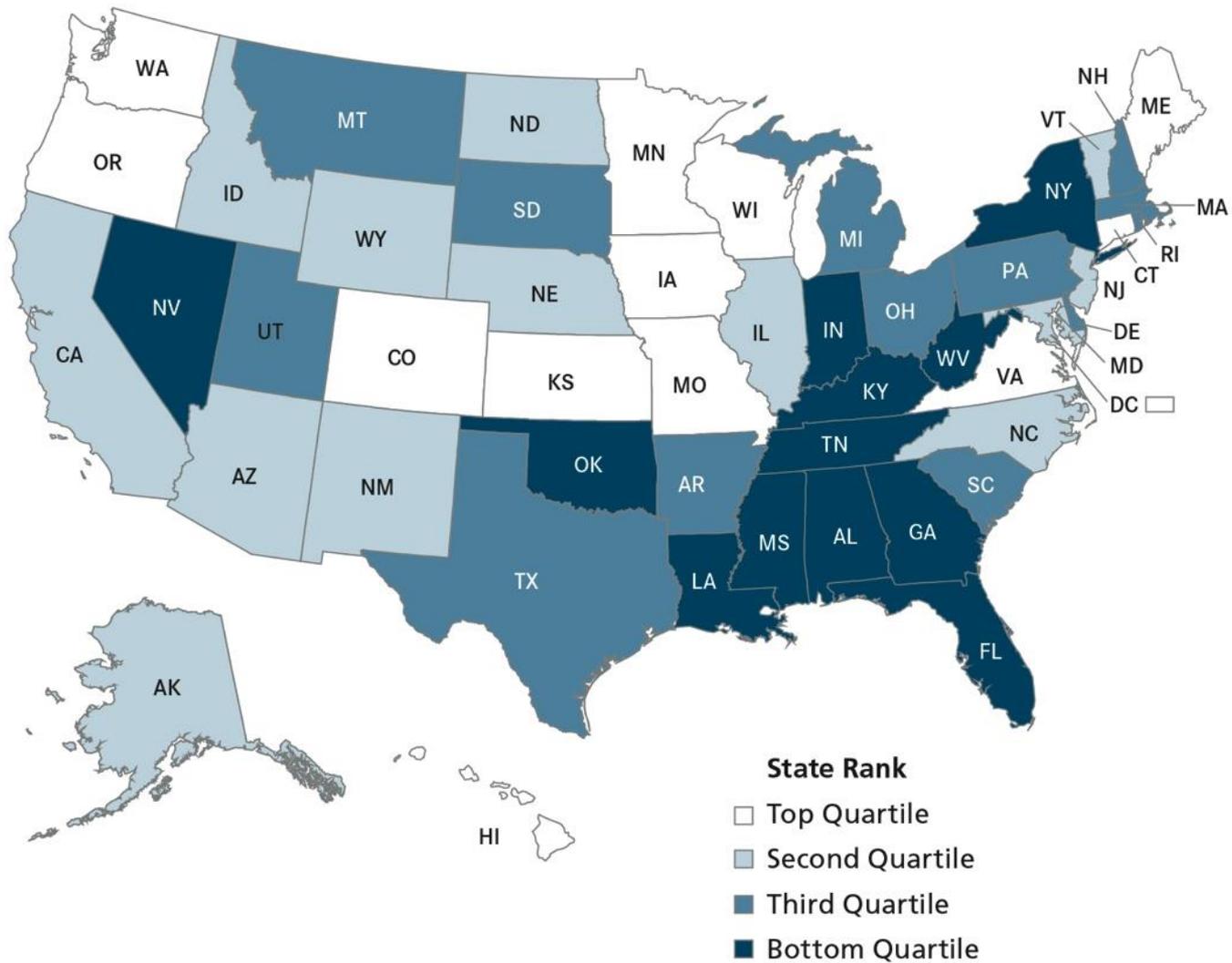
- Exceeding federal minimum FMLA;
- Mandatory paid family and sick leave;
- Protecting caregivers from employment discrimination;
- Spousal impoverishment protection in Medicaid HCBS; and
- Having a caregiver assessment.

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.

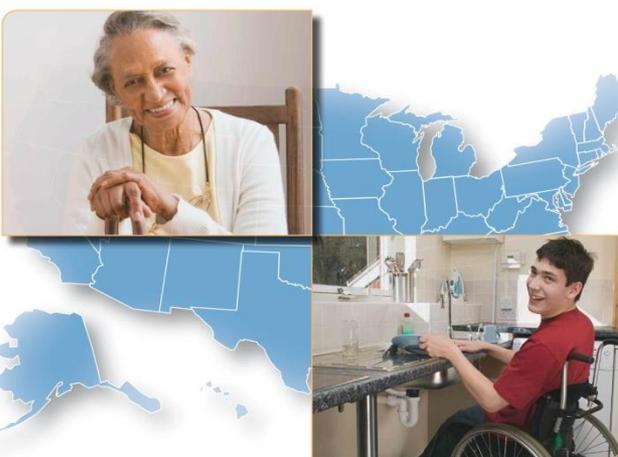
Two Ways to Use the Scorecard

Printed Report

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



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Website

Scorecard Home

http://www.longtermscorecard.org

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Welcome to the Long-Term Services and Supports Scorecard website, where you can interact with data from Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers. Use the map to view state-specific rankings and results compared to benchmarks. Use the tool on the right to select performance indicators and states for comparison, and then generate customized, downloadable tables and bar charts. >> [Learn more](#)

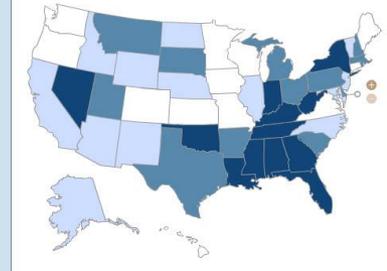
Downloads

- Executive Summary (PDF)
- Scorecard Report (PDF)
- Chartpack (PPT)
- Chartpack (PDF)

DATA BY STATE change map: Overall Rank

Overall Rank: 2011

Top Quintile Second Quintile Third Quintile Bottom Quintile



Browse the Scorecard

State: View

Or

Compare Data Across States

Select a Category:

Select an Indicator:

Select states to compare:

Compare

All States

California State Spotlight

Overall Rank: 15
Adequacy and Access: 7
Choice of Setting and Provider: 0
Quality of Life and Quality of Care: 30
Support for Family Caregivers: 30

Podcast

Transforming Safety Net Clinics into Medical Homes

Sandy Hausman reports on the Safety Net Medical Home Initiative, a Commonwealth Fund-supported demonstration project designed to help clinics that serve low-income patients become medical homes.

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DATA BY STATE change map: Overall Rank

Overall Rank: 2011

Top Quartile Second Quartile Third Quartile Bottom Quartile

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Or

Compare Data Across States

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California State Spotlight

Overall Rank: 15
Affordability and Access: 7
Choice of Setting and Provider: 9
Quality of Life and Quality of Care: 39
Support for Family Caregivers: 30

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- Content:
 - Full Report
 - Executive Summary
 - Chart Pack
 - State Fact Sheets
 - State-by-State Interactive Comparisons
 - Podcast
 - Methodology
 - 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 an 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.

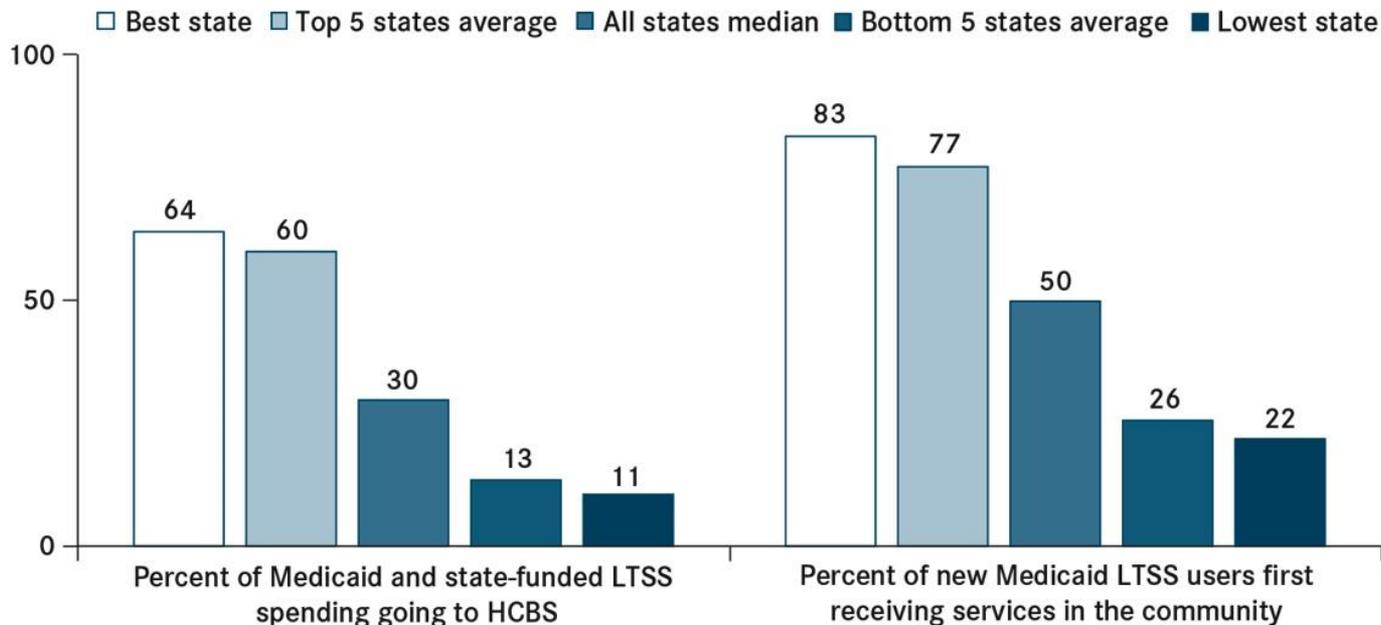
Examples of Public Policy Actions

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



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

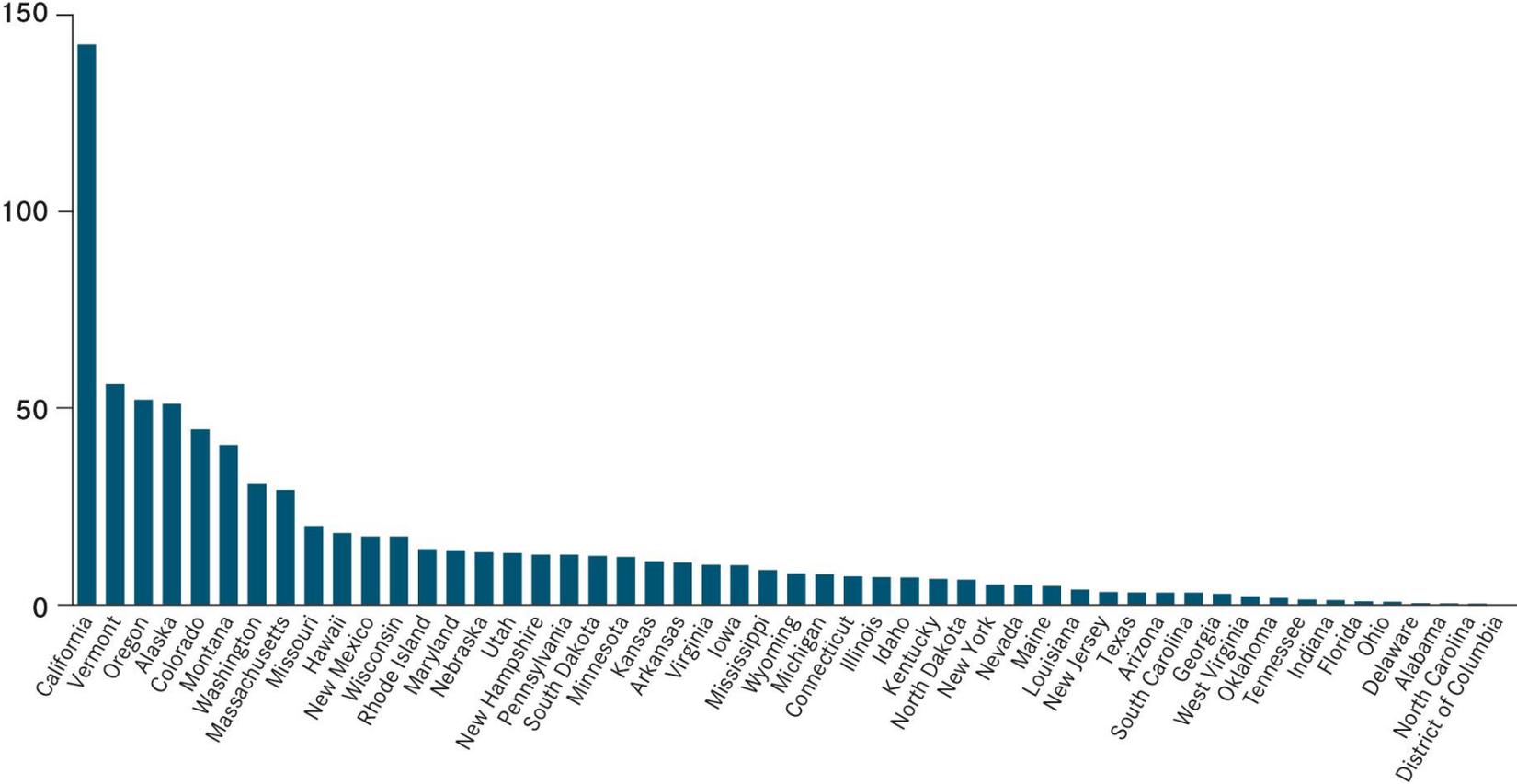
Note: HCBS = Home and Community-Based Services.

Data: LTSS Spending—AARP Public Policy Institute analysis of Thomson Reuters, Medicaid Long-Term Care Expenditures FY 2009; Thomson Reuters, Medicaid Managed Long-Term Services and Supports Expenditures (FY 2009); AARP Public Policy Institute *Weathering the Storm: The Impact of the Great Recession on Long-Term Services and Supports*; New Medicaid Users—Mathematica Policy Research analysis of 2006/2007 Medicaid Analytical Extract (MAX).

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



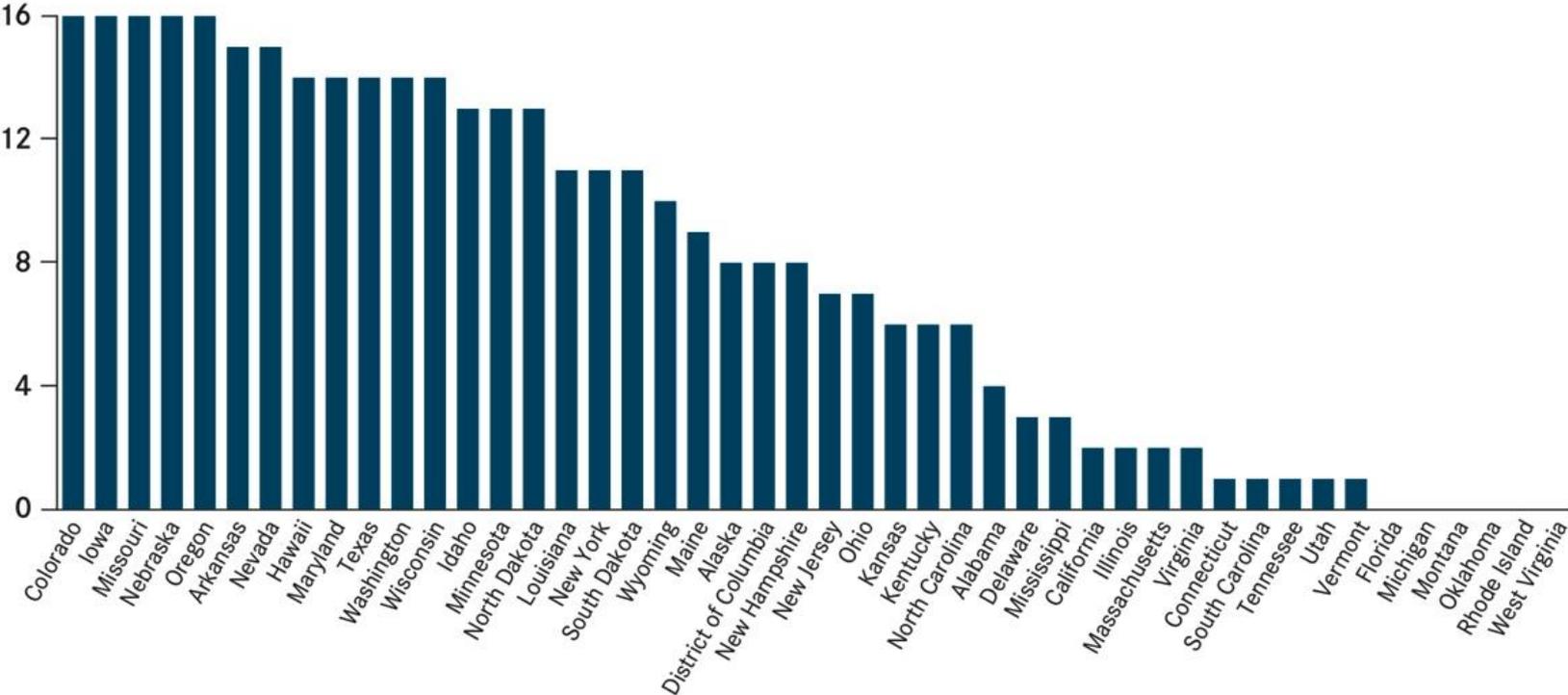
Data: The SCAN Foundation, Financial Management Services in Participant Direction Programs, 2011; 2009 American Community Survey.
 Source: State Long-Term Services and Supports Scorecard, 2011.

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.
 Data: National Council of State Boards of Nursing, 2011 Nurse Delegation Survey.
 Source: State Long-Term Services and Supports Scorecard, 2011.

Impact of Improved Performance

National Cumulative Impact if All States Achieved Top State Rates

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

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

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