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New Visions for Long-Term Services and Supports: The Aging Network & The White House Conference on Aging

Developed by
The Gerontological Society of America (GSA)
GSA Webinar Series

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Let’s Go to the Poll!
In light of the upcoming 2015 White House Conference on Aging, and the evolving long-term services and supports system, this webinar will consider lessons from the federal Commission on Long-Term Care and aging services innovations to frame future care delivery.
Webinar Panel

Moderator:
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Executive Director, Long-Term Quality Alliance
President, National Academy of Social Insurance

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Executive Director, Long-Term Quality Alliance
President, National Academy of Social Insurance
New Visions for Long-Term Services and Supports

G. Lawrence Atkins, Ph.D.

GSA Webinar
June 25, 2015
Population Needing LTSS, by Age Group and Level of Need (Millions)

- Institutional Total
- Community—High Need (multiple self-care/ADL)
- Community—Medium Need (some self-care/ADL)
- Community—Low Need (no self-care/ADL)

Children: 0.6
Working Age: 5.4
Elderly: 6.7

Source: S. Kaye, data from 2012 NHIS, 2010 Census, Nursing Home Data Compendium 2010
Need for LTSS - 65+

- 78% of the population 65+ has some limitation in self-care or household activity ability.
  - 50% of the 65+ population has limitations but manages without assistance –
    - 30% accommodate or reduce activities
    - 20% have difficulty accommodating
  - 28% of the 65+ population gets assistance from others
    - 10% in nursing homes
    - 15% in supportive care
    - 75% in community settings
  - For those outside of nursing homes: 65% unpaid care only; 5% paid care only, 30% receive both.
    
(NHATS 2011)
The Number of Americans Needing Long-Term Care Will More than Double by 2050

12 Million

2010

27 Million

2050

Need for Service Delivery Reform

• New payment models put clinical providers at financial risk for whole patient and populations over longer time periods and set performance incentives around patient outcomes. Service Delivery increasingly involves more of a payer role.

• Growing fiscal challenge of Medicaid LTSS financing is driving a search for savings and LTSS efficiencies. Need to eliminate duplication, unnecessary cost and poor results of silo-ed care.

• Potential for Medicare savings and outcome improvements from more effectively managing complex chronic conditions that involve the need for LTSS.

• Persons and caregivers need more support to handle the growing complexities of arranging for and providing LTSS and what can be frequent transitions.
Commission on Long-Term Care Service Delivery Recommendation

- A comprehensive array of person- and family-centered, high-quality, fiscally sustainable medical and social services and supports that meets the heterogeneous needs, preferences and values of individuals with cognitive and functional limitations.

- Choice of settings and providers, the active involvement of individuals and family caregivers in making decisions, and the delivery of services and supports that meet individuals’ needs in the least restrictive setting consistent with their preferences.

- Integration of LTSS with medical and health-related care, including effective management of transitions between one type or level of care and another.
Components of Integrated LTSS

- Single care plan across silos of care
  - An assessment of functional need using standardized definitions and data items.
  - Based on goals and preferences of the person and family.
  - Shared with all care providers
- Team-based care -- with a single point of contact
- An integrated HIT platform the includes LTSS
- Quality/outcomes measures based on individual goals and preferences
- Patient and caregiver access to information
- Financial integration – risk sharing among health and LTSS providers -- accountability for population health.

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#LTSS #WHCOA  @geronsociety
Challenges in Integrating LTSS

• Acute care and LTSS now inhabit two different worlds:
  – Different systems, cultures, regulatory structures and financing.
  – Current System is reactive and responds when person is sick.
  – Difference between healthcare and life-care. LTSS needs to focus on person’s ability to function at highest possible level with greatest degree of independence.
  – Community service providers have small budgets, are labor intensive, and are low-tech.

• Danger of over-medicalizing community services and supports:
  – Organizing services and supports around medical conditions rather than functional needs.
  – Internalizing medical hierarchy and approaches rather than recognizing the pivotal role of the primary caregiver, and enabling providers to practice at the top of their license.

• Lack of adequate, affordable insurance coverage and resources outside of Medicaid to pay for LTSS.

• Need for capital for major investment in IT, quality improvement, workforce development in LTSS.

• Quality measurement is still in early stages.
The LTSS Financing “Crisis”

• Medicaid finances over 60% of LTSS today. The Medicaid burden on state budgets (including LTSS) will grow substantially – just from the demographic shift.

• Family caregiving will become less available due to demographics.

• Most people reaching age 65 today are not prepared to finance an expensive or lengthy period of LTSS – Future generations will not be better prepared.

• Younger disabled adults have few options for LTSS assistance other than what is available through Medicaid – if they leave the workforce.
Basic Principles for Financing LTSS

- Family caregiving is the foundation. We have to improve support for family caregivers and keep them in the game.

- Individual responsibility is an important component. We have to encourage individuals to use their housing and investment assets, savings, and private insurance to cover initial costs.

- We have to look to public programs to step in when the risks are too great, to reduce uncertainty, cap the risk, and provide a safety net.
Catastrophic Insurance is the First Step

- The most extreme risk cannot be insured in a private market. Insurers now cap their exposure.
- Catastrophic insurance would pool the highest risk after a defined point (e.g., number of years of LTSS, dollars expended).
- Insuring the most extreme risk would encourage carriers and others to assume the risk below the cap.
- A public role is necessary – to pool the risk and insure the most extreme risk.
- It can be structured as reinsurance, or a federal risk pool for insurers.
- Public catastrophic insurance could be funded in part through Medicaid savings.
LTSS Integration: a new way to insure the intermediate risk

• Integrated LTSS will enable health plans to provide LTSS to better manage complex care patients and lower acute care costs.

• Potential to apply capital and technology to lower LTSS costs and improve conditions and pay for direct care workforce.

• The cost of added services and supports could be offset by acute care savings and provided within the existing health care premium (to a point).

• Potential for members of integrated health care systems to receive LTSS at no added premium cost.

• Community Based Organizations struggling with limited OAA dollars could do better financially by sharing savings with health plans.
Where do we go from here?

- Finish developing modeling to estimate costs of a catastrophic insurance program and other approaches.
- Build the business case for LTSS Integration – demonstrate the ability to lower total health costs by provided well-managed LTSS.
- Ensure there are adequate measures and safeguards in integrated plans for outcomes and quality.
- Build broad stakeholder support for a single proposed solution that does not require huge additional revenues.
- Demonstrate models that can work at the state level.
- Develop Hill champions and build a constituency for a solution.
Webinar Speaker

Amy Gotwals
Chief, Public Policy & External Affairs
National Association of Area Agencies on Aging (n4a)
The Aging Network

National Trends and New Directions

GSA Webinar, June 25, 2015
The National Aging Network

- Mission = To develop a comprehensive and coordinated system of home and community-based long-term services and supports (LTSS) that is responsive to the needs and preferences of older adults and caregivers
- Meet people where they are, provide alternatives to nursing home care
- Access point for information on HCBS, LTSS, aging in community, etc.
Changing AAA Landscape

• Decreases in traditional funding sources has led to more diversification of funding

• Over time, AAAs have been serving broader populations

• Prior to ACA, AAAs were already expanding their lines of business to become more involved in evidence-based programs and transition/diversion programs

• ACA provided AAAs with new and expanded opportunities for involvement in integrated care initiatives

• To control and predict Medicaid costs more and more states are moving to Managed Care for Long-Term Services and Supports

• Major request for training and technical assistance from AAAs is focused on business acumen to enable them to contract with MCOs, Medicare Advantage providers, hospitals, and ACOs.
Adapting to Changing Times

- More than 30% are planning for or implementing a role in Managed Care in their state
- Over two-thirds are involved in care transitions
- More than 50% involved in additional integrated care initiatives
  - Duals demos
  - 1115 Medicaid waiver
  - Veteran Directed HCBS

→ Funding Diversification, Business Acumen
AAAs Growth in Involvement in Evidence-Based Health Programs

- 2007: 53.2%
- 2008: 55.6%
- 2010: 82.0%
- 2013: 90.5%
Proportion of AAAs Serving Only Consumers Age 60+

- Transportation: 68% (2010), 48% (2013)
- Homemaker: 61% (2010), 35% (2013)
- Personal assistance/personal care: 53% (2010), 31% (2013)
- Case management: 57% (2010), 30% (2013)
- Respite care: 57% (2010), 25% (2013)
- Assessment for care planning: 45% (2010), 19% (2013)
- Adult day service: 42% (2010), 18% (2013)
- Home health: 31% (2010), 13% (2013)
- Home care service eligibility: 36% (2010), 11% (2013)
- Assistive technologies: 33% (2010), 9% (2013)
Services Offered by AAAs Serving Consumers Under 60+

- Transportation: 32% (2010), 39% (2013)
- Homemaker: 52% (2010), 47% (2013)
- Case Management: 65% (2010), 43% (2013)
- Respite Care: 69% (2010), 70% (2013)
- Assessment for Care Planning: 75% (2010), 81% (2013)
- Adult Day Service: 82% (2010), 58% (2013)
- Home Health: 87% (2010), 69% (2013)
- Assessment for LTC Eligibility: 89% (2010), 64% (2013)
Services Related to Health Care Delivery (2013)

- Benefits/health insurance counseling: 85.2%
- Case management: 81.8%
- Assessment for care planning: 69.6%
- Options counseling: 69.1%
- Personal assistance/personal care: 63.2%
- Assessment for LTC eligibility: 57.3%
- Care transitions services: 52.7%
- Official eligibility determinations: 26.6%
- Home health: 24.6%
AAAs Involvement in Integrated Care

- VD-HCBS: 31.9%
- State Duals Demonstration: 28.2%
- § 1115 Medicaid Waiver: 21.8%
- CMS Services Innovation Grant: 21.8%
- Health home: 16.2%
- ACO: 14.4%
- State innovation models: 11.1%
- Primary care or medical home: 10.6%
- CMS Financial Alignment Initiative: 3.7%
Medicaid Managed Care Services

AAAs Provide (2013)

- Conduct intake and ongoing assessment: 57.9%
- Provide caregiver support: 50.4%
- Provide care management: 48.8%
- Provide care transitions services from hospital to home or nursing homes: 47.9%
- Assist in transitioning residents from NHs to the community: 44.6%
- Participate in an interdisciplinary team: 42.2%
- Develop service/care plans: 38.0%
- Directly provide some services: 35.5%
- Assist in integrating/coordinating hospital and home-based services: 34.7%
- Conduct LOC determinations: 34.7%
- Conduct Medicaid eligibility determinations: 33.9%
AAA Strategies for Business Development and Sustainability

- Marketing services and agency: 70.3%
- Multi-year strategic plan: 60.9%
- Seeking grants for programs: 57.5%
- Obtaining grants for programs: 55.5%
- Expanding types of services: 47.8%
- Using consumer outcomes: 37.3%
- Developing a business plan: 36.1%
- Having enough staff: 32.5%
- Fiscally sustaining programs: 31.7%
- Private pay practices: 25.3%
What Will New Opportunities Require of the Aging Network

- **Determining Our Market Niche** = Doing What We Do Best!
- **Exploring New Partnerships** with Health Care Industry, Disability Community, VA, others
- **Setting Up New Contracting Arrangements** with Other AAAs, Service Providers, and Partners
- **Establishing New Pricing/Billing Systems**
- **Marketing What You Do**
- **Looking at Organizational Structures** i.e. Single AAA, Regional AAA Partnerships, Statewide Partnerships
- **Changing the Culture** of AAAs and Service Providers but **NOT** Changing the Mission
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2015 White House Conference on Aging
CONFERENCE FOCUS AREAS

- Retirement Security
- Healthy Aging
- Elder Justice
- Long-term Services and Supports

Labor Secretary Perez speaks at WHCOA Seattle Regional Forum
LONG-TERM SERVICES AND SUPPORTS

• Many older adults develop limitations
• Older adults may require help with basic activities
• Family Caregivers
• Workforce training and recruitment
• Costs
LONG-TERM SERVICES AND SUPPORTS

• Soliciting feedback on long-term services and supports

• Three themes:
  ▪ Greater support of formal and informal caregivers
  ▪ Sustainable long-term care financing model
  ▪ Person-centered care that maximizes independence
CONCLUSION

• Helping reshape the aging landscape in America in order to best ensure that older adults—including those with cognitive disabilities—enjoy not only longer lives…but better lives.
HOW YOU CAN GET INVOLVED

• The 2015 White House Conference on Aging is an ongoing dialogue, and we want your voice as part of the conversation.

• We welcome your ideas and input at our listening sessions, other community activities, and on our website. Sign-up today for regular news and updates: www.whitehouseconferenceonaging.gov.

• Get involved with the July 13th national Conference, and ensure that your voice is heard.
Questions?

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About GSA

GSA

• The nation's oldest and largest interdisciplinary organization devoted to research, education, and practice in the field of aging.
  – 5,500+ interdisciplinary members around the world touching all facets of aging
• Mission
  – Promote multi- and interdisciplinary research in aging
  – Translate and disseminate research findings
  – Promote/advocate for education/awareness on aging across disciplines
  – Foster application of research into policy development
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