LEWINGROUP®
3130 Fairview Park Drive, Suite 500, Falls Church, VA 22042 | phone: (703) 269-5500 | fax: (703) 269-5501 | www.lewin.com

Memorandum

Date: June 30, 2017

To: Debbie Pierson, Yonda Snyder

From: Erika Robbins, Lisa Shugarman

Re: Provider Listening Session Summary

This analysis of the 15 provider listening sessions conducted by the Division on Aging (DA) in May and June 2017 serves as one of The Lewin Group's technical assistance deliverables under the A&D Redesign workstream.

LEWINGROUP®

Provider Listening Sessions Summary

Between May 1, 2017 and June 7, 2017, DA conducted 15 listening sessions, one at each of the state's Area Agencies on Aging (AAA). The listening sessions sought to better understand provider perspectives on the current long-term services and supports system (LTSS) and to examine challenges and potential ways to modernize home and community-based services (HCBS) in the state. Participants spoke about effective elements and those that need improvement in the current LTSS. We report key findings below.

Participant Info

Across all 15 AAA regions, a total of 270 participants attended the listening sessions for an average of 18 participants at each listening session. However, the groups ranged in size from four individuals (Area 4) to 39 individuals (Area 1). The most common types of providers represented included personal service agencies and home health agencies. Participants included management, case managers/options counselors, and marketing staff, as well as others involved at the state level and in the day-to-day operations of each AAA.

Current Services and Supports:

What is working well in the current HCBS delivery system? What are the strongest aspects of the system?

- *Case management*: Participants identified case management as an important resource and a particularly strong element of the current delivery system. Participants noted case managers as easy to work with and that they assessed the needs of individuals with input from families. They also work together with individuals to set reasonable expectations.
- *Congregate meal sites*: Providers in one of the AAA regions emphasized the value of congregate meal sites in allowing people to get acquainted to the LTSS system through a hot meal with socialization. When paired with transportation, the sites' offerings can help build an individual's support system.
- *Effective programs and services*: Multiple AAAs identified programs that have shown promise, including personal emergency response systems (helping to prevent nursing facility placement), Money Follows the Person, adult day services, structured family caregiving services, ADT's fall detection option (deters people from being admitted to the nursing facility), and 2-1-1 access.

Where are the gaps, unmet needs or barriers in the current HCBS delivery system? Where are the opportunities for improvement?

- *Education*: Many providers indicated a lack of understanding by individuals and families about LTSS, including the purpose of the AAA. Individuals often don't think they will qualify for Medicaid and do not pursue it as an option. There is also a lack of public knowledge about the A&D Waiver and confusion about Medicaid prior authorization (PA) services and Medicaid waiver. Most persons also do not know the range of Veteran's benefits or that they should be utilized before turning to Medicaid. One provider suggested that it would be helpful for persons who are private-pay to have a list of providers and their services. Another outlined the importance of maintaining a marketing presence tailored to the population in order to increase

education, especially for older adults without family supports, who do not often see digital media marketing.

- *Populations*: There are some groups of people who do not fit into the current HCBS system, including individuals with vision and hearing impairments, seniors with drug abuse issues, and those in need of behavioral and mental health supports. One provider also mentioned running into trouble with people "too sick" for waiver services. Additionally, there are different needs for caregivers for children versus adults, which are not adequately addressed in the current system.
- *Caregiver needs*: Providers from several AAA regions indicated a lack of organized respite care available for caregivers and that it is difficult to provide such services because of low reimbursement rates. One provider specified that it would be helpful if there were classes about topics such as Alzheimer's and family dynamics that family caregivers could attend.
- *Service needs and partnerships*: Groups cited the necessity for more adult day centers across the state, as well as increased partnerships with physical and occupational therapy providers. There is also an unmet need for long-term services that may prevent long term nursing facility placement or a second Medicare episode. Providers felt that having a 24-hour care option would also be useful and one group mentioned the potential for telemedicine to be utilized in these settings. In addition, there is a service gap for people who cannot privately pay but who do not qualify for Medicaid.
- *Standardization:* One topic that came up during the listening sessions was the need to align incentives among ADRCs, providers, and nursing facilities. There is not a minimum service hour requirement and many are worried that people are not receiving the care that is allocated to them. Providers are also not the same across waivers which makes it challenging for individuals who need to transition.
- *Rural communities*: Rural groups cited challenges due to limited funding (typically allocated by population) and fewer organizations and provider options available in the community. They also face difficulty with getting enough participating individuals for some congregate meal sites.
- *Transportation*: Many providers referenced transportation as a key challenge in the HCBS system. There are limited transportation providers and lists are always changing. Non-emergency ambulance transportation is not available, and there is an unmet need for transportation on weekends. Additional challenges include an inability for providers to transport individuals across county lines, difficulty in coordinating medical versus nonmedical appointments, and a lack of options for individuals in wheelchairs.
- *Workforce challenges*: Challenges with staffing was one of the most commonly-cited concerns during the listening sessions. Several sites noted that staff turnover is high. Providers from one AAA region noted that it may be due to the inability to offer benefits such as health insurance. High turnover rates create difficulty when assessing the capacity to provide additional services to persons. Many noted that it is difficult to find quality employees and that there is a general need to elevate the profession and create career ladders. Due to high staffing and training needs, supervisors are often unable to complete quality assurance procedures. Providers from one AAA region suggested that automated systems would free up existing staff members to do more with direct support to persons receiving services and supports.

Access, Eligibility, and Assessment

What works well when individuals are accessing HCBS?

- *Case Management*: Case managers often make updates to service plans when individuals' needs change.
- *Communication*: Providers feel that they know how to find appropriate contact information and have experienced improved call and email responses from AAAs.
- *Comprehensive coverage*: Providers in two AAA regions noted that they use CHOICE to fill any gaps until Medicaid is approved.
- *Technology*: Providers said that it is helpful to see waiver approval in the Department of Family Resources system (when it works correctly).

What challenges do individuals encounter when going through the current eligibility process?

- *Communication with individuals*: Several providers spoke about communication challenges as a key barrier. Many individuals do not use computers and need someone to speak with; however, the 2-1-1 service does not always refer to the ADRC when they should. Once an individual has called the AAA, it can be difficult to find the appropriate contact person because case managers are not always consistent.
- *Communication with providers:* In addition to communication challenges with individuals, participants also spoke about communication challenges with providers and other agencies. Specialists often refer individuals directly to providers rather than to the AAA. After a referral is made, there is a lack of communication regarding the outcome of the referral.
- *Service authorization*: Nearly every group spoke about challenges in the timing for authorization of services. After a referral is submitted, authorization can take up to two months. This creates challenges from the provider perspective in terms of planning for capacity from the time of referral to the time of authorization. Many providers outlined the difficulty in obtaining Medicaid approval and said that it is much more labor intensive than in the past, due to the new portal. Medicaid aid category changes also delay the process even after Medicaid is approved. In addition, groups noted that waiver approval takes a long time and does not always show up in the Department of Family Resources system. The groups emphasized the importance of developing emergency services for when there is a gap in program eligibility and an individual has an immediate need.
- *Populations with special needs*: One provider specified that the system is missing a focus on children and that it would be helpful for schools to have information on accessing services. Eligibility is often confusing because people may have several needs but only fit into one program.

High Quality and Person-Centered HCBS Services

What does high quality services and supports mean to you? What does it mean to offer person-centered services in HCBS?

- *Case management*: Case management should focus on coordinating the needs of individuals and ensure that HCBS services are truly home-based (not nursing facilities called assisted living). Service providers should bear in mind that quality of life definitions vary for each person and

include components such as spiritual, behavioral, and general well-being. Case managers have a responsibility to provide informed choice while acknowledging the individual's needs.

- *Community integration*: Providers spoke about the importance of offering opportunities for individuals to be involved in the community. High quality services and supports would include providing activities for the elderly, such as library involvement, social groups, and grocery trips.
- *Person-centeredness*: In order for services to be truly person-centered, providers indicated that they must allow people to continue the activities that they're used to, uphold personal standards of the individual (e.g. cleanliness), and ensure individualized planning and implementation. The service provider has a responsibility to get to know individuals on a personal level in order to fully understand their needs and preferences. Family should be involved in the process if desired. It is also important that staffing is consistent and reliable, and that all messages are communicated to the individual.
- *Quality control and improvement*: To ensure that services are of appropriate quality, providers noted that it is important to conduct customer satisfaction surveys and follow up with individuals to confirm that needs are met. Providers also analyze notes from caregivers and review data (e.g. falls) to see the impact of services.