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# OPTIONS TO STREAMLINE LONG TERM SERVICES AND SUPPORT FUNCTIONS

SUBMITTED TO  
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# RAPID ANALYSIS OF OPPORTUNITIES (RAO) PROJECT OBJECTIVES

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- Identify opportunities to make Iowa's long term services and supports (LTSS) system more efficient and effective, including:
  - Develop options for streamlining LTSS functions to better use limited state, county, and regional resources (reported herein)
  - Assess new federal funding opportunities (e.g.; Community First Choice Option, State Balancing Incentives Payment Program, and Health Homes Option) for their potential to support Iowa's LTSS streamlining priorities (reported separately)
- The project is part of a State Profile Tool Grant from CMS to the Iowa Department on Aging

# LONG TERM SERVICES AND SUPPORTS (LTSS) DEFINED

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- We use the term LTSS instead of “long term care” for an array of supports regardless of setting, because some people use “long-term care” to refer specifically to nursing homes
- “LTSS refer to a broad range of supportive services needed by people who have limitations in their capacity for self-care because of a physical, cognitive, or mental disability or condition.”

O’Shaughnessy, Carol V. “The Basics – National Spending for Long-Term Services and Supports (LTSS)” George Washington University National Health Policy Forum: March 15, 2011

# APPROACH TO DEVELOP OPTIONS FOR STREAMLINING LTSS FUNCTIONS

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1. Identified a Project Advisory Committee representing four Iowa departments (Aging, Human Services, Inspections and Appeals, and Public Health) to provide input on the project
2. Specified LTSS system functions that offer high-opportunity to increase cost-effectiveness
3. Conducted 25 semi-structured interviews about these functions with 44 key informants, including 24 state staff and 20 external interviewees representing case management agencies, providers, and other organizations
4. Aggregated options identified in interviews



# LTSS SYSTEM FUNCTIONS STUDIED FOR THIS PROJECT

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- Defining and Implementing a Vision of LTSS
- Information and Referral
- Level of Care and Assessment
- Participant Access
- Provider Relations (e.g., enrollment, contract and grant management)
- Licensing and Quality Management

# FINDINGS: DEFINING AND IMPLEMENTING A VISION OF LTSS

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- There is no common vision for LTSS that is shared across state departments and other stakeholders
- A common vision is important because some services are provided to people of all ages and because more baby boomers with disabilities are becoming older adults
- Several people mentioned the vision in the state's Olmstead Plan: "A Community Life for Everyone." Others, especially people who focused on supports for older adults, were not aware of this plan or did not consider it applicable to their work

# FINDINGS, PAGE 2: DEFINING AND IMPLEMENTING A VISION OF LTSS

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- There was no consensus regarding a state department responsible for defining a vision
- Without a vision:
  - Policy decisions are made on a case-by-case basis and may be inconsistent
  - It is uncertain how to resolve policy questions regarding emerging or growing service models such as assisted living and telehealth

# FINDINGS, PAGE 3: DEFINING AND IMPLEMENTING A VISION OF LTSS

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- Interviewees mentioned certain principles for LTSS that could be the foundation for a common vision, including:
  - Services should help people be independent and productive
  - People should have a choice in available services
  - People should be served in the most independent setting possible
  - An array of services should be available and all services have a role in the system
  - Services should be flexible to meet a person's needs

# OPPORTUNITY: DEFINING AND IMPLEMENTING A VISION OF LTSS

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- Establish a vision of LTSS for older adults and people with disabilities using a process overseen by the Directors of all four departments (DHS, DIA, IDA, and IDPH)
- The Olmstead Plan provides a potential infrastructure to establish a common vision, but needs reconsideration to better include older adults, their caregivers, and their providers
- The vision should include an articulation of the function of different services and settings within a system of care

## FINDINGS: INFORMATION AND REFERRAL

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- Awareness of information and referral resources was inconsistent. Many interviewees indicated there is no clear place to obtain information regarding available services
- Multiple initiatives use public funding to provide information and referral, serving multiple populations
- Information and referral providers use multiple databases with inconsistent coordination, which makes it difficult for providers to keep information up to date

# FINDINGS, PAGE 2: INFORMATION AND REFERRAL

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- In addition to information, a majority of interviewees identified a need for telephone or in-person assistance (also called options counseling) to help make informed choices at crucial times, such as:
  - The transition to adulthood for youth with disabilities
  - A move to an assisted living or nursing home
  - Discharge from a hospital

# OPPORTUNITY: INFORMATION AND REFERRAL

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- Establish a cross-department strategy to better leverage information, referral, and assistance resources, including:
  - Development of a common provider database
  - Specification of protocols for connecting to agencies that specialize in information and referral to special populations
  - Increasing the availability of assistance or options counseling
  - A funding strategy to ensure sustainability, including coordination with Medicaid to obtain federal matching funds for certain functions is possible

# FINDINGS: LEVEL OF CARE AND ASSESSMENT

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- Assessments are defined by funding source. As a result, a person may receive multiple, similar assessments.
- Most assessments have not been tested for validity or inter-rater reliability
- Interviewees who used the same assessments reported differences in how they completed the assessment
- Electronic data are not required for most assessments, so the state cannot easily aggregate and analyze data to identify trends

# OPPORTUNITY: LEVEL OF CARE AND ASSESSMENT

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- For each major population group (e.g., people with developmental disabilities; older adults), identify a common assessment for use across funding sources with the following characteristics:
  - Tested for reliability and validity in assessing service needs for the population group
  - Compatible with state information system requirements so the state can collect electronic assessment data across funding sources and use data to inform policy decisions and program evaluation

## FINDINGS: PARTICIPANT ACCESS

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- The services a person receives depends in part on where the person lives, especially for state and local-funded services
- State and local funding sources are typically managed at a county or regional level, with variation in:
  - Financial eligibility criteria
  - Whether sliding fee scales are used
  - The amount charged on a sliding fee scale
  - Functional eligibility criteria
  - Covered services

## OPPORTUNITY: PARTICIPANT ACCESS

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- Establish a common strategy for the use of state and local funding streams, including:
  - Statewide functional eligibility criteria
  - Statewide financial eligibility criteria for publicly funded services
  - For programs that cover common services, a hierarchy defining when each funding stream is used
  - A common sliding fee scale to provide a common expectation of personal funding for LTSS



## FINDINGS: PROVIDER RELATIONS

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- Providers often have contracts or grants with multiple agencies, each reflecting a different funding source, for similar services.
- Inconsistencies across funding source include:
  - Provider enrollment requirements
  - Rate methodologies
  - Financial reporting rules
  - Cost settlement requirements and timing
  - Service reporting and documentation requirements
  - Data collected by the program agency

## OPPORTUNITIES: PROVIDER RELATIONS

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- Establish standard financial reporting and cost settlement requirements across services and funding streams
- For particular services (e.g., homemaker, respite, supported community living), establish common staffing, service documentation, and data reporting requirements across multiple funding sources

# FINDINGS: LICENSING AND QUALITY MANAGEMENT

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- At times, two or more agencies review the same information from a provider without coordination. This can occur because two agencies are funding sources or because there is both a licensure or accreditation agency and a funding agency
- For some services, reviews are coordinated and data are shared systematically
- Much of the monitoring provided by program agencies relates to financial program integrity and some of this work could be automated to save staff time and prioritize program integrity efforts

# FINDINGS, PAGE 2: LICENSING AND QUALITY MANAGEMENT

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- There is not a clear philosophy regarding what services should be regulated, even in the private pay market. Some providers are licensed while other providers offer similar services but are not licensed (e.g., unlicensed home care and unlicensed homes with multiple people receiving services).

# OPPORTUNITIES: LICENSING AND QUALITY MANAGEMENT

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- Encourage information sharing among state agencies – including joint monitoring where possible – to save staff and provider effort
- Review the regulatory structure of LTSS to ensure it is consistent with a vision of the LTSS system, after a vision across departments has been established

## ADDITIONAL FINDING AND OPPORTUNITY: REGIONAL ADMINISTRATION

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- During this project, system reforms, including fewer regional providers, were authorized for services funded by the Iowa Department on Aging and were under consideration for mental health and disability services
- Common regions for aging, mental health, and disability services would enable future regional coordination, including possible sharing of administrative services. There may also be merit in common regions with the public health system.
- Common regions also would be easier to understand for people who need services



# RAO PROJECT LIMITATIONS

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- The project focused on streamlining administrative resources and does not directly address service needs
- The project focused on state departments with programs or duties specifically focused on LTSS, and does not include opportunities involving other departments that work with older adults, people with disabilities, and direct care workers such as:
  - The Iowa Department of Education, including Iowa Vocational Rehabilitation Services
  - The Iowa Department of Transportation
  - Iowa Workforce Development

# ACKNOWLEDGEMENT: PROJECT ADVISORY COMMITTEE

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- We wish to thank the following individuals for their insight and assistance throughout the project:
  - Joel Wulf, Iowa Department on Aging (IDA)
  - Deborah Johnson, Iowa Department of Human Services (DHS)
  - Dawn Fisk and Kathy Sutton, Iowa Department of Inspections and Appeals (DIA)
  - Diane K. Anderson, Iowa Department of Public Health (IDPH)

# ROLE OF PROJECT ADVISORY COMMITTEE

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1. Provide feedback regarding project objectives
2. Help identify high-opportunity LTSS system functions to examine
3. Work with their departments to identify and connect the project team to key informants
4. Review the interview protocol
5. Review draft report

# ACKNOWLEDGEMENT: INFORMANT ORGANIZATIONS

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- We wish to thank the following private organizations whose staff were interviewed for this project:
  - IFMC
  - The Iowa Association of Community Providers
  - The Iowa Association of Homes and Services for the Aging
  - The Iowa Caregivers Association
  - The Iowa Health Care Association - Iowa Center for Assisted Living
  - Iowa Health Home Care
  - The Iowa State Association of Counties
  - Polk County Health Services
  - Southeast Iowa Case Management
  - Southwest 8 Senior Services
  - Tri-County Community Services
  - The University of Iowa Center for Disabilities and Development

