




# Creating the Analytic Framework for Home and Community-Based Services

Susan Reinhard, RN, PhD, FAAN  
Senior Vice President and Director,  
AARP Public Policy Institute



The Hilltop Institute Symposium  
**Home and Community-Based Services:**  
*Examining the Evidence Base for State Policymakers*  
June 11, 2009

A decorative graphic consisting of a red shape that tapers from left to right, with a dark red gradient at the bottom edge.

# Objectives

- Provoke critical thinking
- Explore questions, such as...
  - What is HCBS?
- Debate the role of evidence in policymaking
- Set the stage for - “What is the state of the evidence regarding balancing?”

A decorative graphic consisting of a red shape that tapers from left to right, with a dark red gradient at the bottom edge.

# HCBS: What is It?

- “Home”, privacy, my things, my way...
- We love it, but...
  - Do we know it when we see it?
  - Is it something in one state and something else in another?
  - Does age or disability have anything to do with how we define it?

A decorative graphic consisting of a red shape that tapers from left to right, with a dark red gradient at the bottom edge.

## HCBS: Definitely?

- Your “home” – whether owned or rented (without Medicaid dollars please)
- No license required
- Debate about assisted living “apartment”

A decorative graphic consisting of a red shape that tapers from left to right, with a dark red gradient at the bottom edge.

## HCBS: Definitely, Maybe

- Your relative's home
  - No license required, unless money is involved
  - Adult Foster Care, except does not count for MFP if more than 4 people
  - Assisted Living, even if hundreds of units (but not for MFP)

A decorative graphic consisting of a red shape that tapers from left to right, with a dark red gradient at the bottom edge.

## HCBS: Definitely NOT

- A licensed nursing home or ICF/MR
- Even if it is a “small home” (Green House), private rooms, “resident-centered”
- Medicaid will pay for room and board in this “non-home”

A decorative graphic consisting of a red shape that tapers from left to right, with a dark red shadow underneath it.

# Evidence

- What is the role of evidence in policymaking?
- Will “better” evidence accelerate balancing?
- Rationale-empirical model of change

A decorative graphic consisting of a red shape that tapers from left to right, with a dark red shadow underneath it.

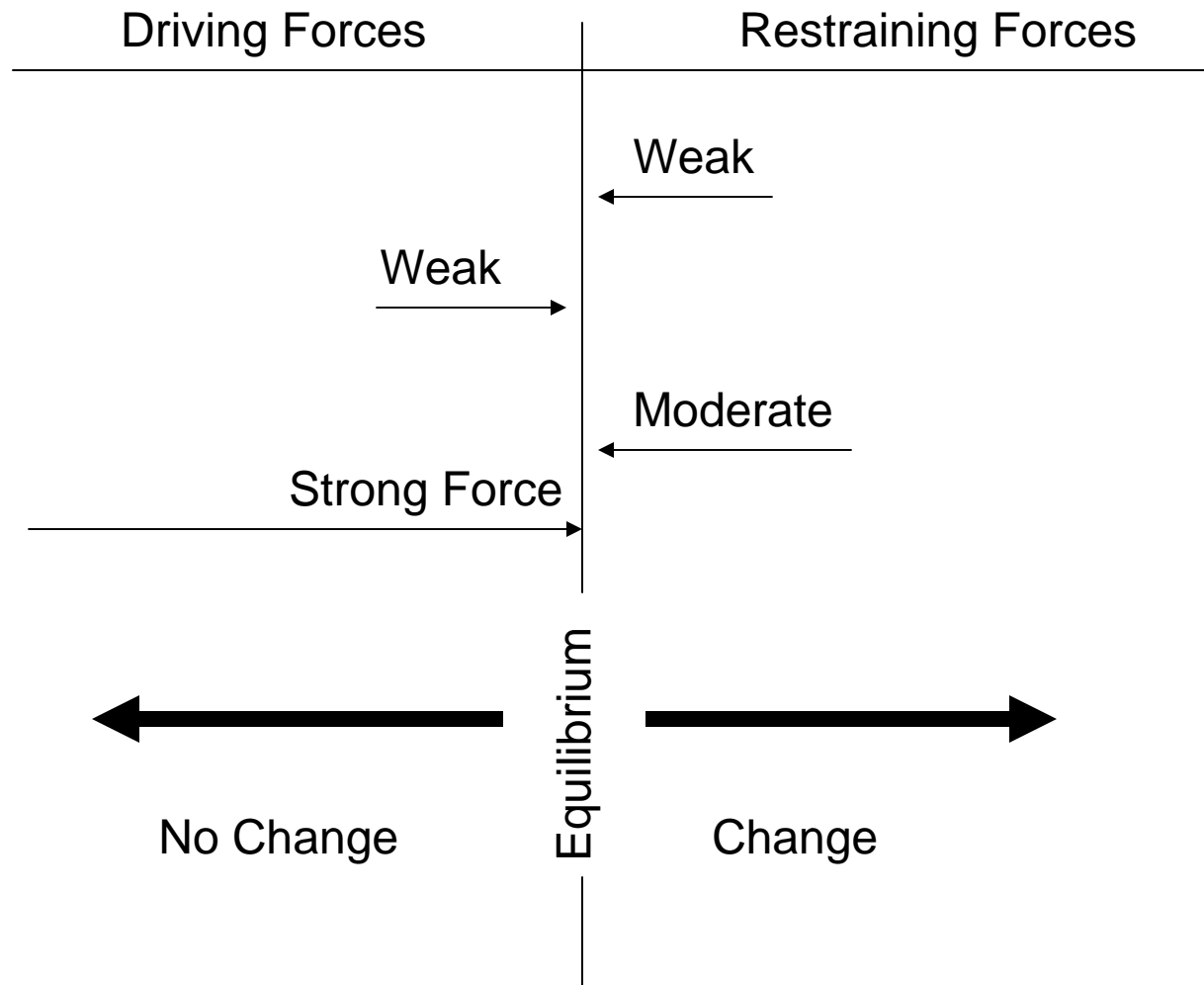
# Kingdon's Policy Streams Model

- Problem Stream
- Policy Stream
  - Floating in search of problems
- Political Stream



# Lewin's Force Field

*Unfreeze, Move, Refreeze*



A decorative graphic consisting of a red shape that tapers from left to right, with a dark red shadow underneath it.

## Restraining Forces: Can Evidence Reduce Them?

- Too complex
- Other pressing issues
- Overwhelmed by demographics
- Inertia – only do entitlements
- Lack of strong infrastructure to manage
- Lack of consistent, knowledgeable leadership at state level

A large red graphic element in the top right corner of the slide, consisting of a solid red rectangle with a curved bottom edge that tapers to a point on the left.

## Restraining Forces: Can Evidence Reduce Them? cont...

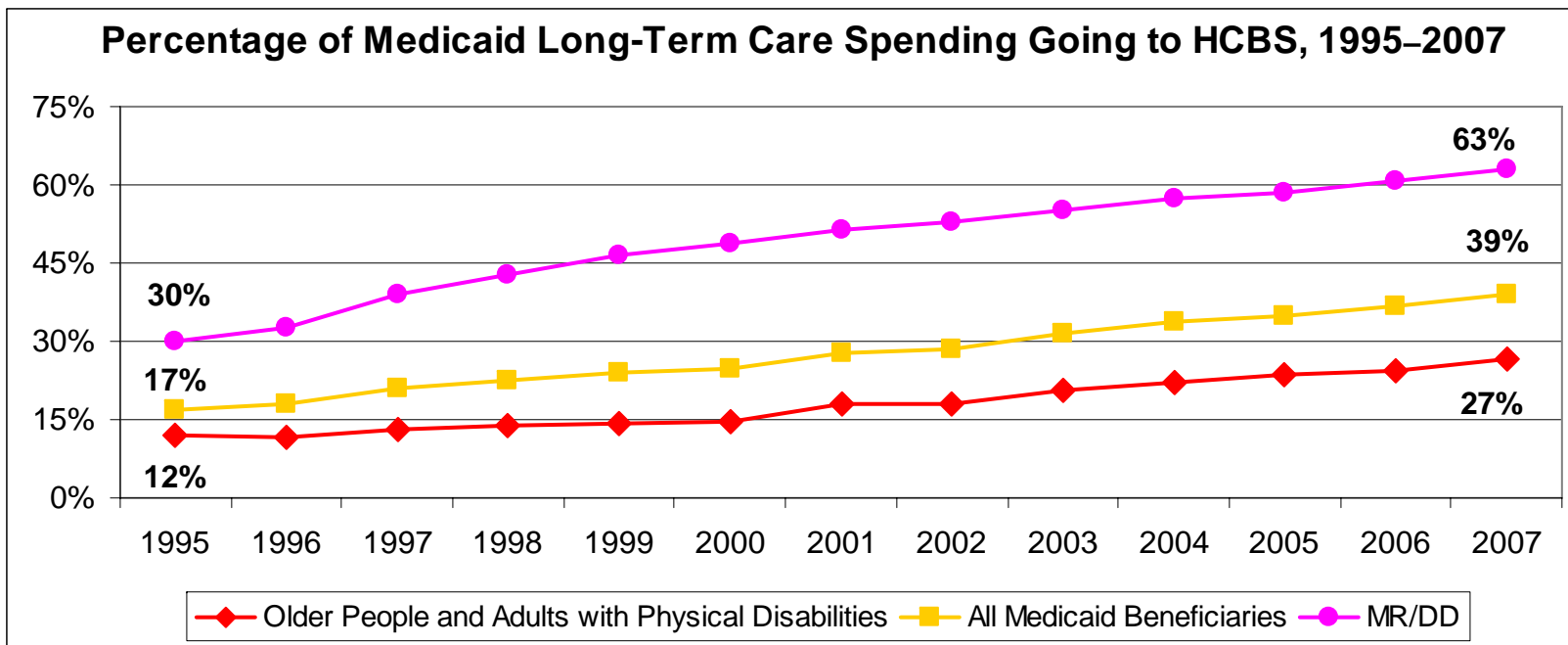
- Resistance from institutional providers in the name of “HCBS quality”
- State Budget officers concerns about “woodworking” and “backfill”; targeting
- Medicare/Medicaid disconnect

A decorative graphic consisting of a red shape that tapers from left to right, with a dark red shadow or gradient effect at the bottom.

# Are State Policymakers Unconvinced?

...that they should invest in HCBS/Balancing efforts?

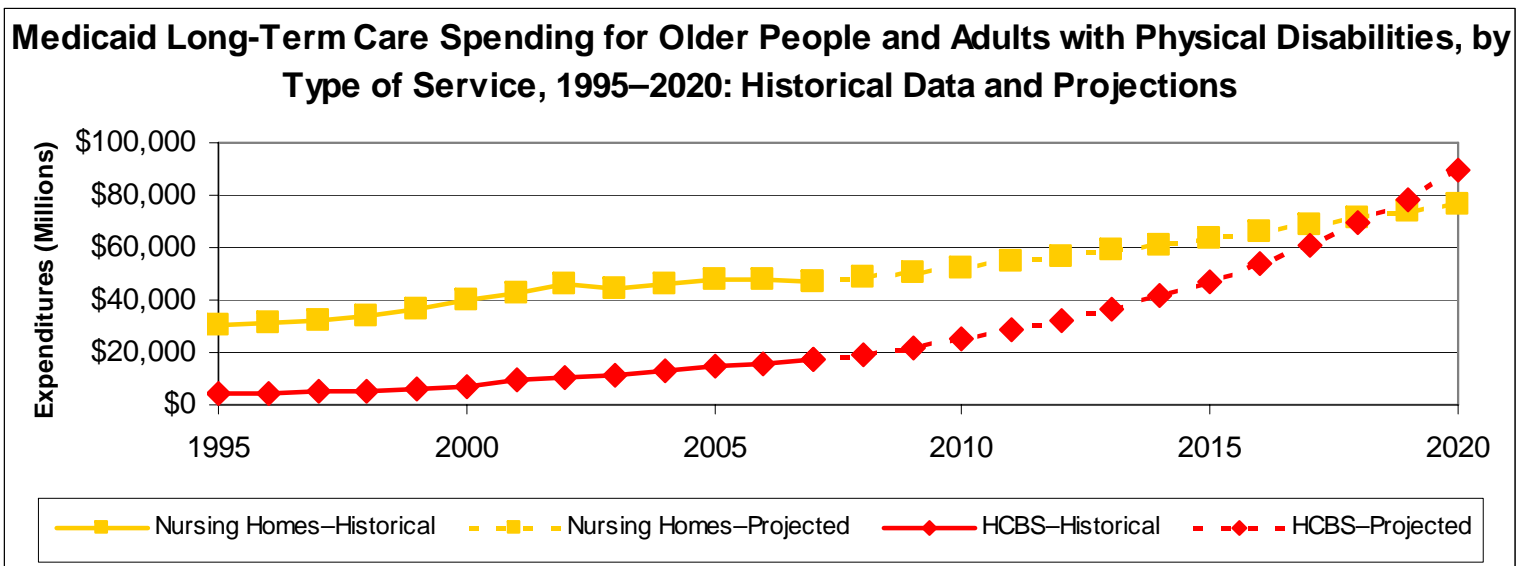
# HCBS Going Up



**Sources:** AARP Public Policy Institute calculations based on: Burwell, B., Sredl, K., and Eiken, S. (2008) *Medicaid Long-Term Care Expenditures in FY 2007*. Cambridge, MA: Thomson Reuters; Burwell, B. (2002) *Medicaid HCBS Waiver Expenditures, FY1995–2001*. Cambridge, MA: Thomson Reuters.

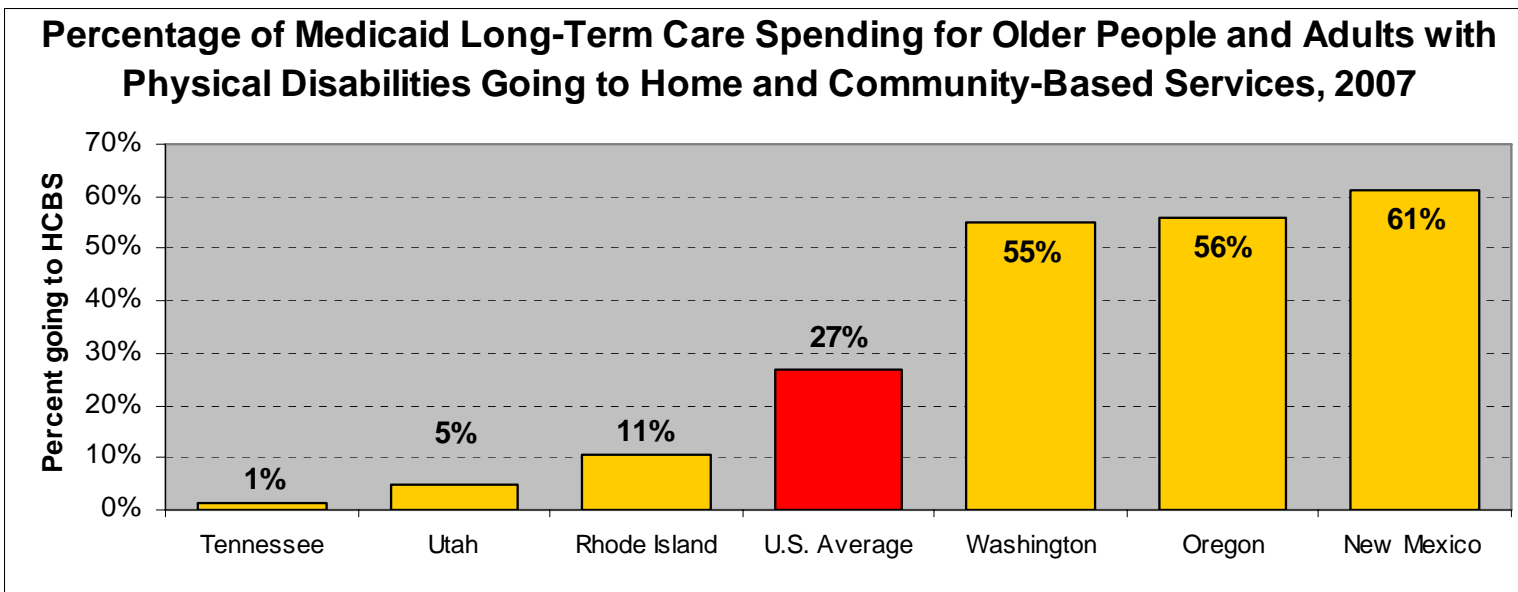
# Pace of Change

Current trends in balancing =  
50/50 spending balance achieved in 2019



**Sources:** AARP Public Policy Institute calculations based on: Burwell, B., Sredl, K., and Eiken, S. (2008) *Medicaid Long-Term Care Expenditures in FY 2007*. Cambridge, MA: Thomson Reuters (historical); AARP Public Policy Institute (projections).

# Balancing in Some States



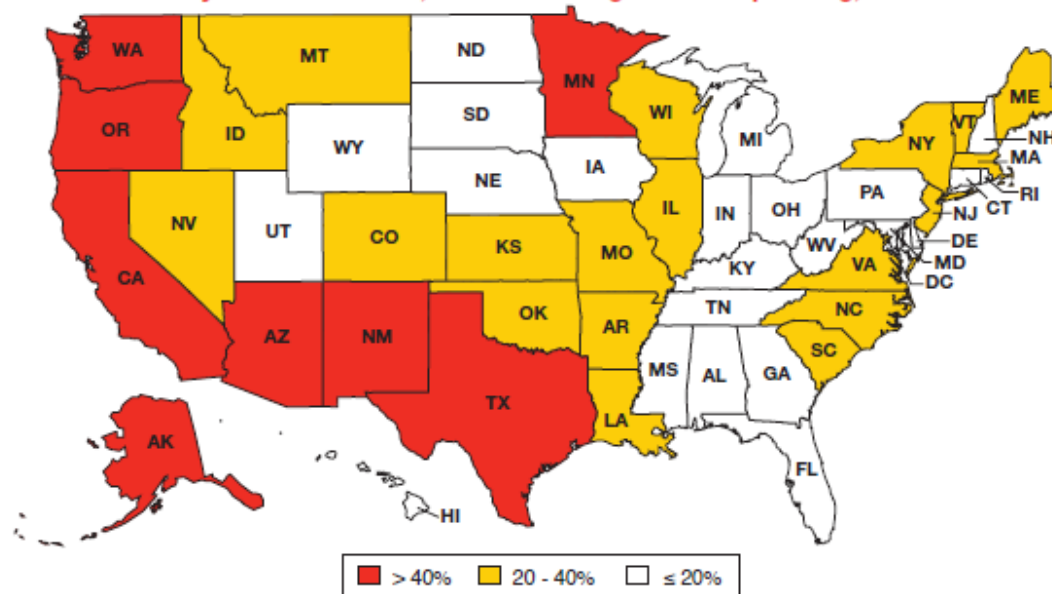
**Source:** AARP Public Policy Institute calculations based on: Burwell, B., Sredl, K., and Eiken, S. (2008). *Medicaid Long-Term Care Expenditures in FY 2007*. Cambridge, MA: Thomson Reuters.

NOTE: This does not take into account state-funded HCBS programs, which are significant in some states.

# Balancing Varies


Nearly half of all states spend less than 1 in 5 Medicaid LTSS dollars for older people and adults with physical disabilities on HCBS. Only 8 states spend more than 2 in 5 Medicaid dollars.

Medicaid HCBS Spending for Older People and Adults with Physical Disabilities, as a Percentage of LTC Spending, 2007



**Sources:** AARP Public Policy Institute calculations based on: Burwell, B., Sredl, K., and Eiken, S. (2008) *Medicaid Long-Term Care Expenditures in FY 2007*. Cambridge, MA: Thomson Reuters



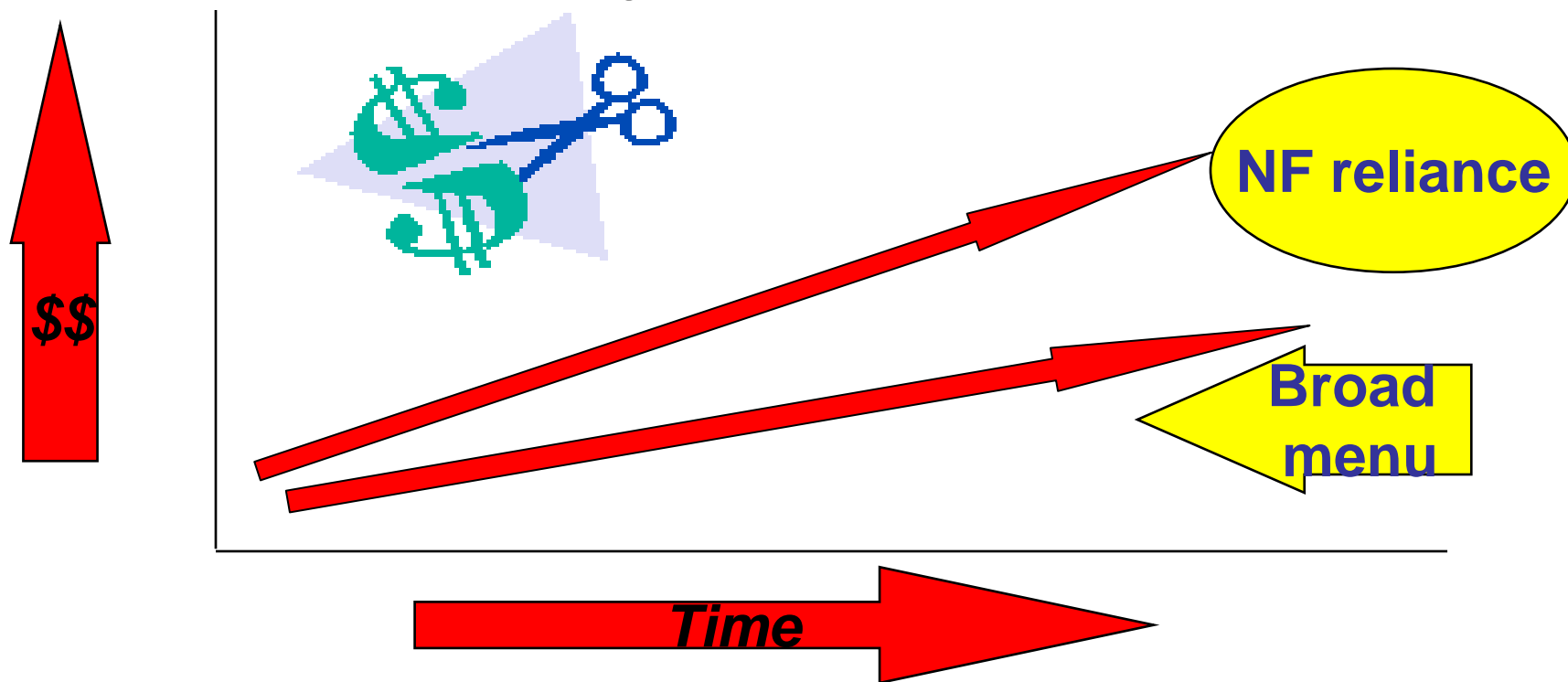


# What is the state of the evidence supporting HCBS/balancing, however it is defined?

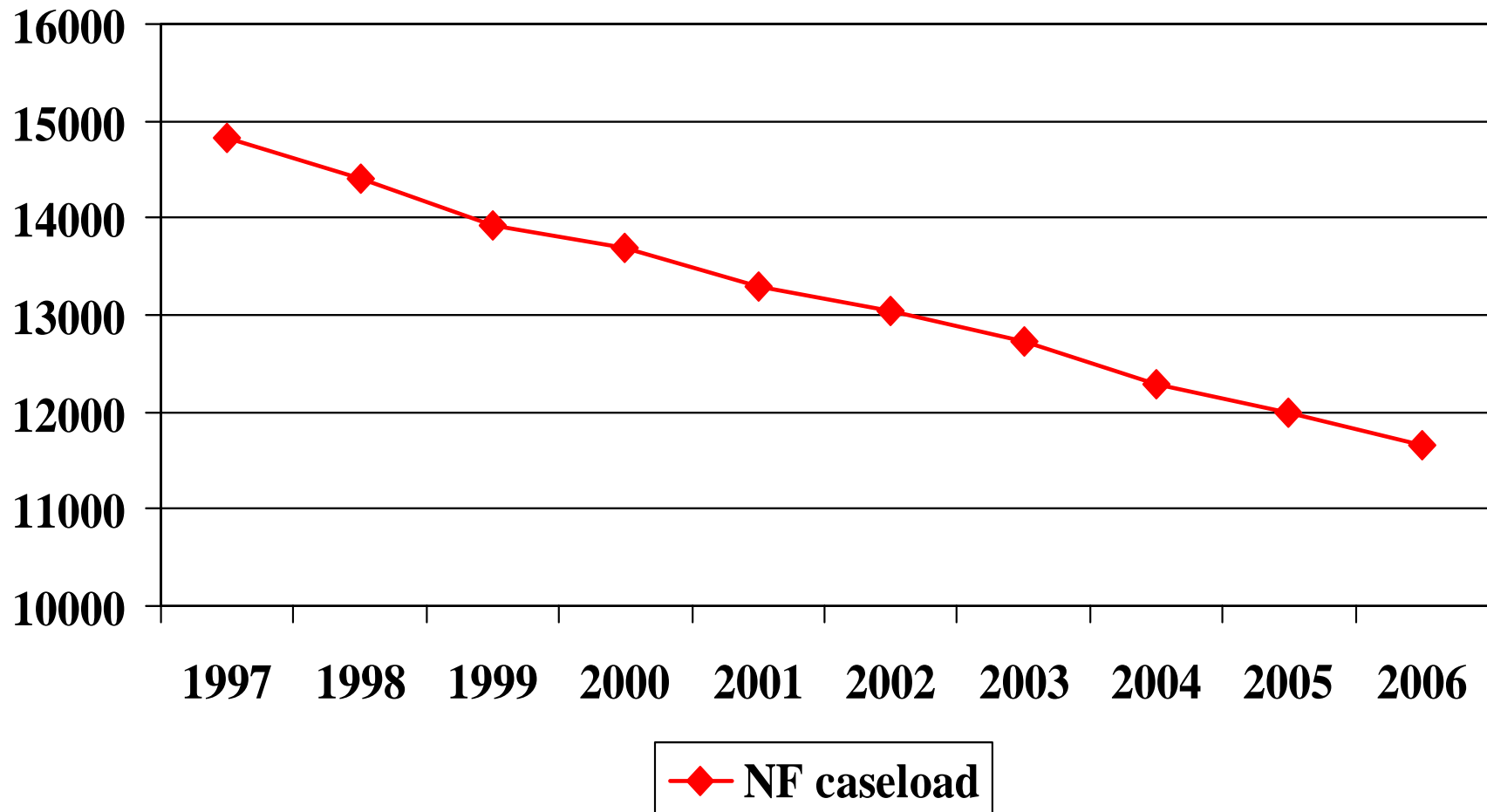
- Balancing the Curve
- Individual State Data:
  - Washington
  - Vermont
  - Pennsylvania (early data)
- Expert Analysis
  - Charlene Harrington

# Shifting the Balance:

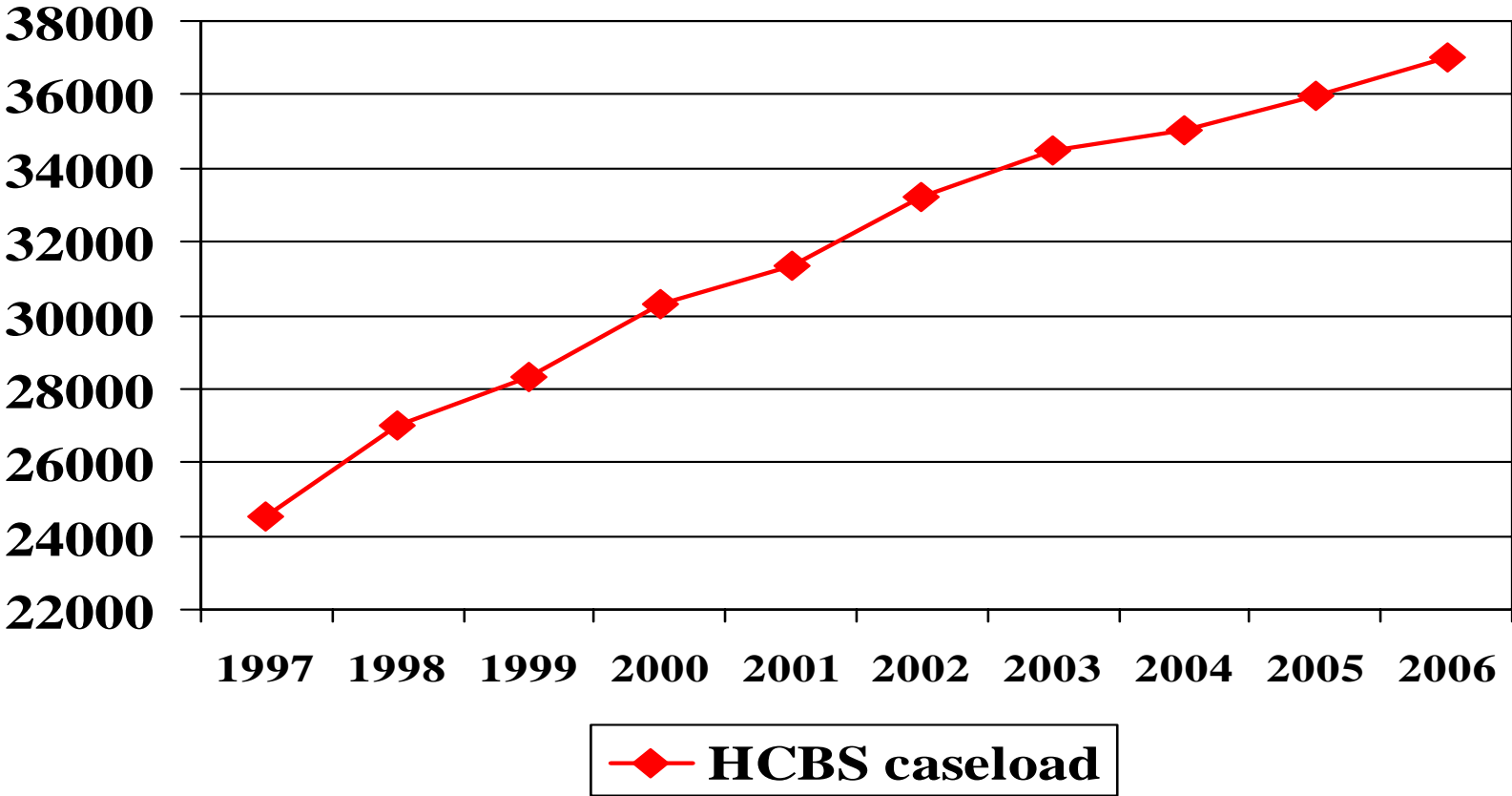
- Reduce Medicaid NF growth trend line



# Washington: NF Caseload Trends

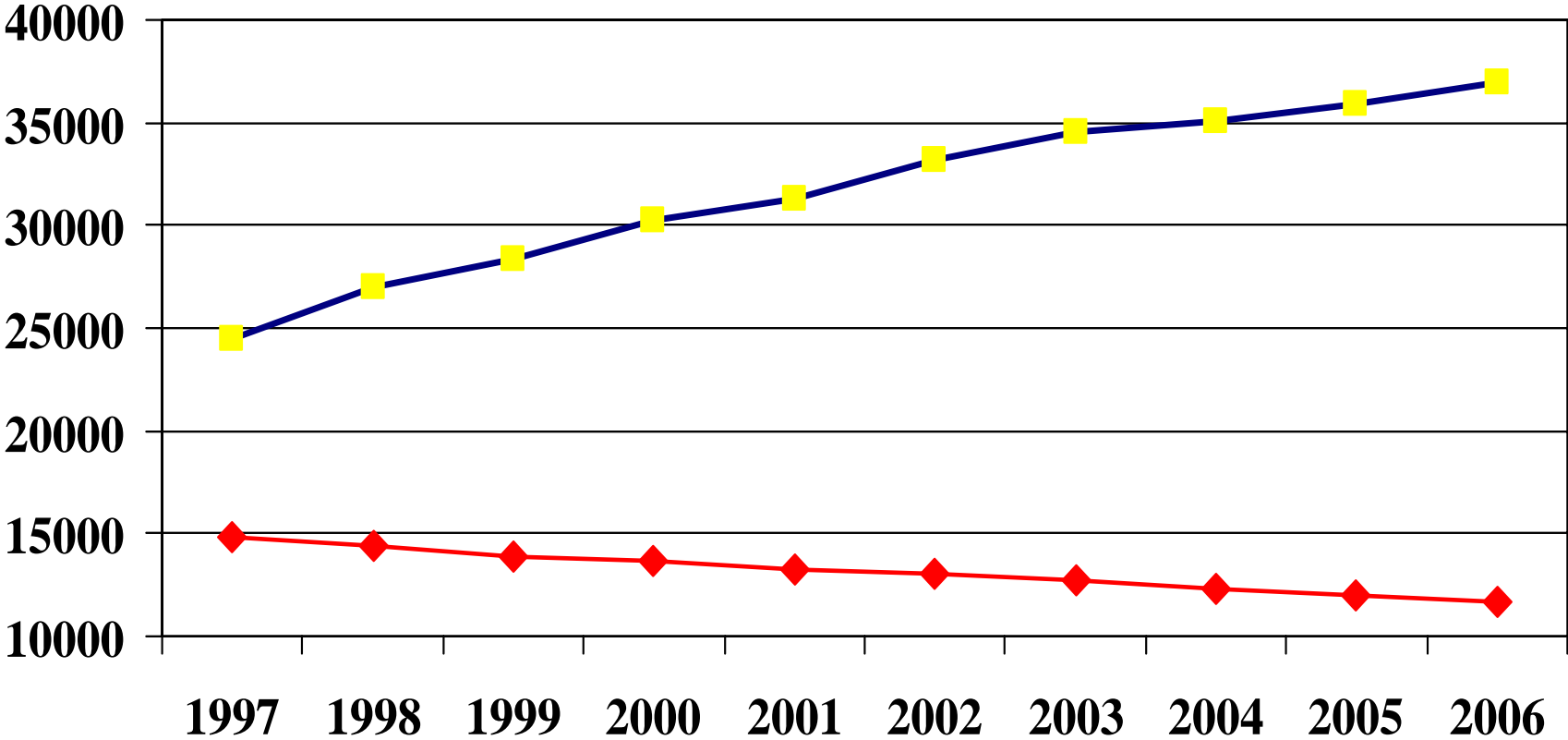


# Washington: HCBS Trends

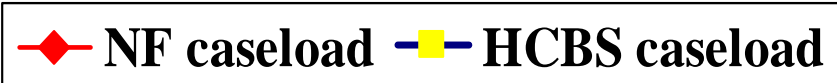


Figures for July each year

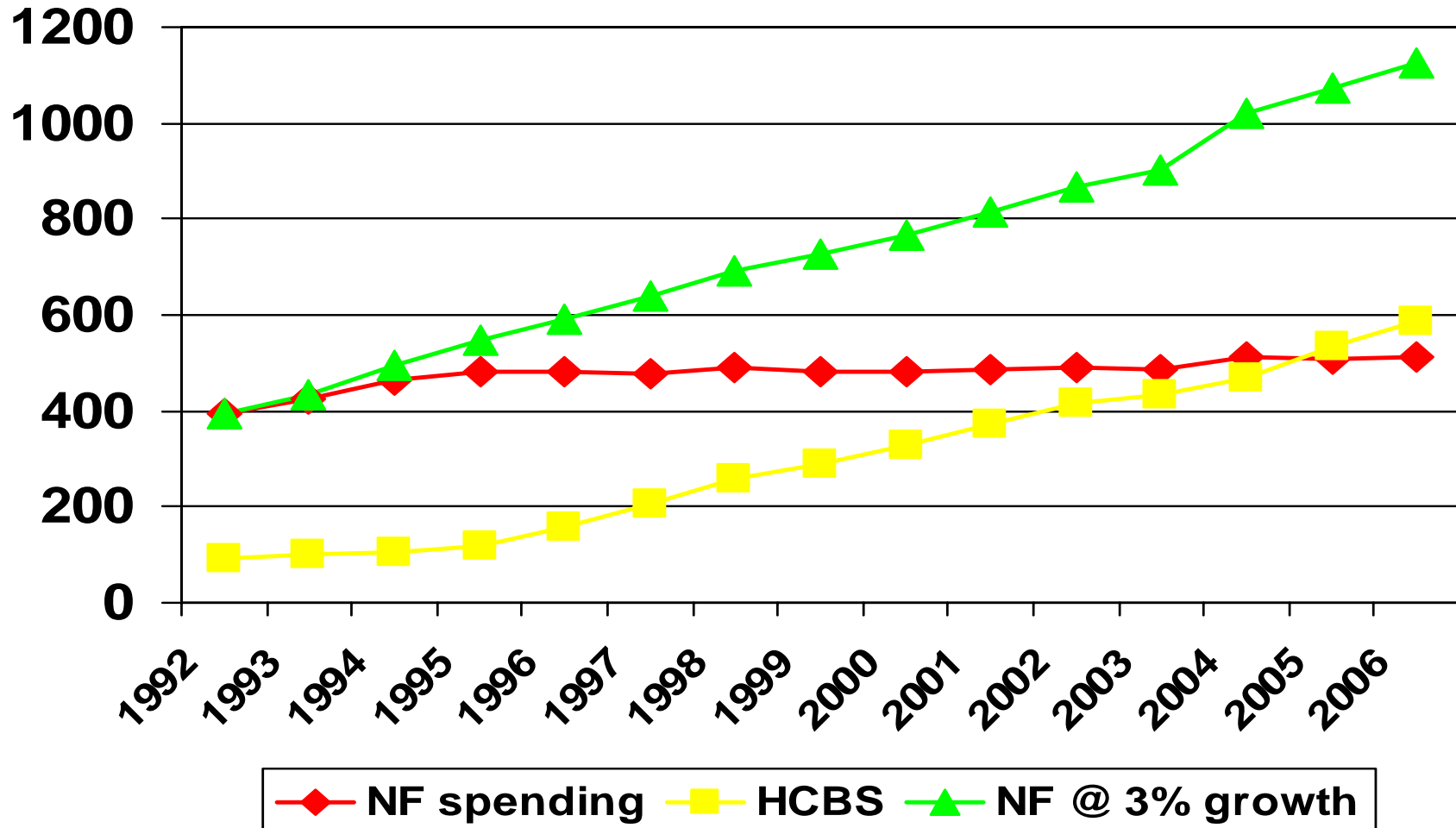
# Washington: Combined Caseload Trends



Figures for July each year

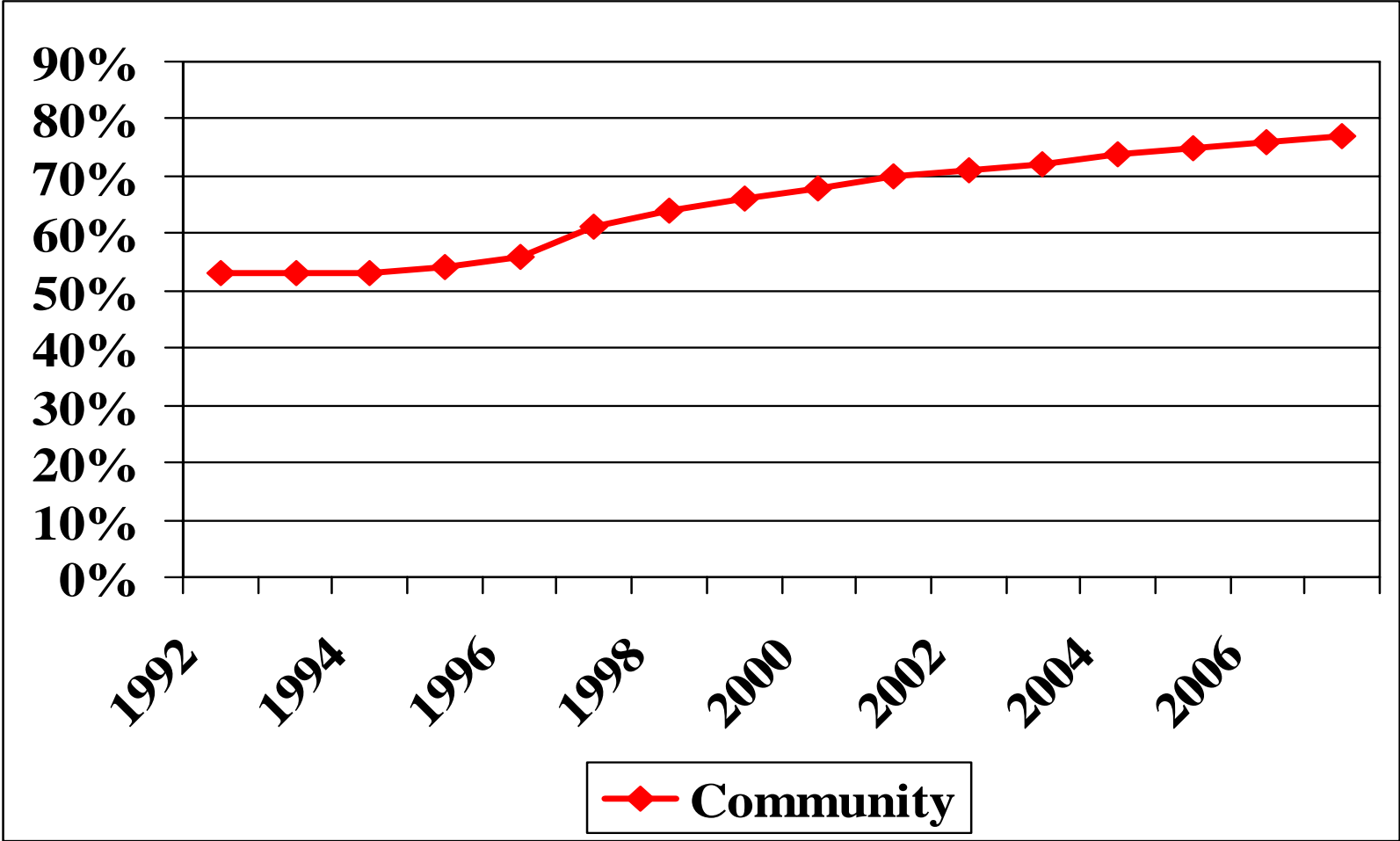


# Washington LTC: Spending Trends (millions)

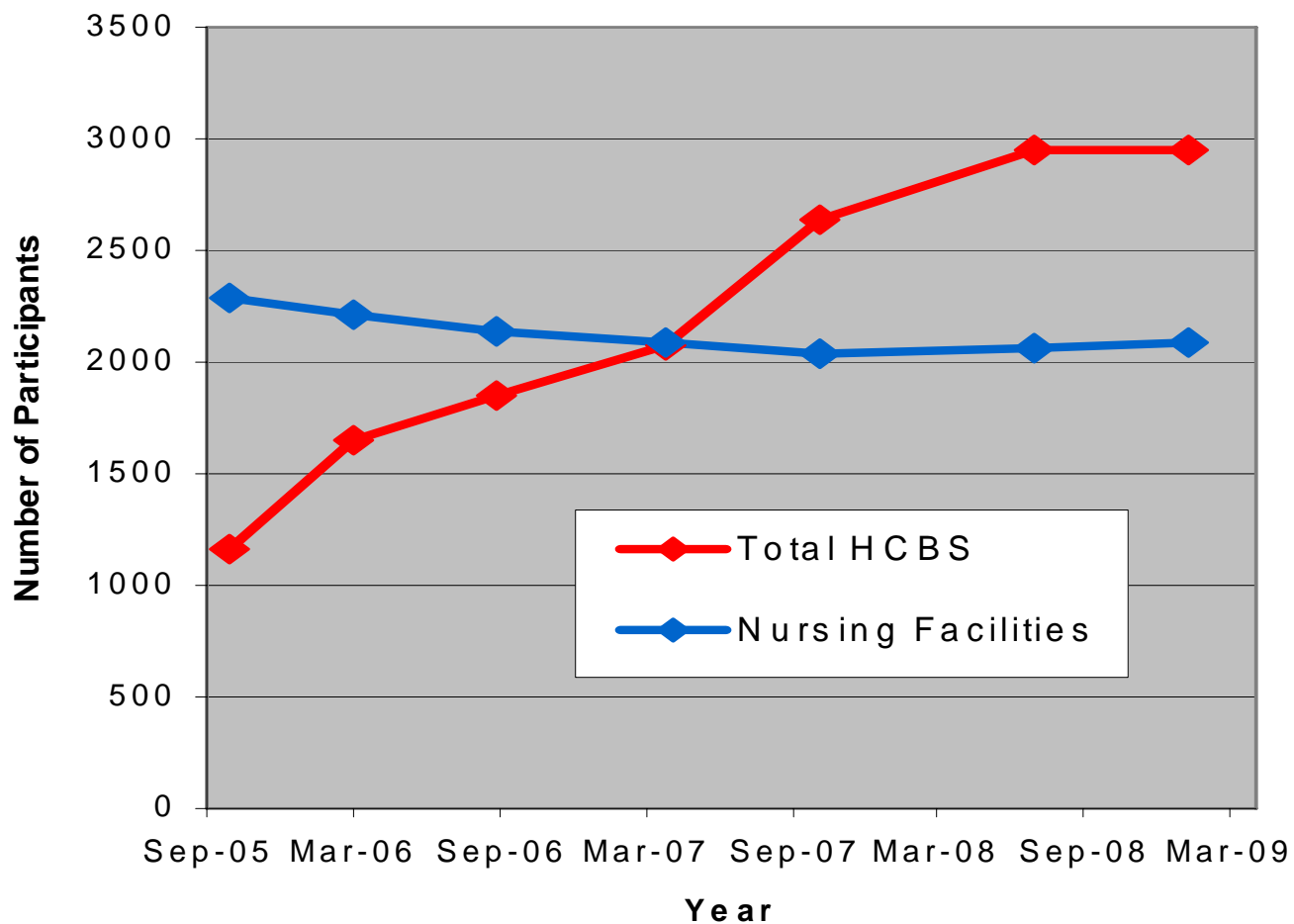


Based on data from the Washington Aging and Disability Services Administration

# WA Percent Served in the Community:



# Vermont Choices for Care Participants, 2005–2008



Source: J. Senecal, Commissioner, Vermont Department of Disabilities, Aging and Independent Living, presentation at the 2009 Money Follows the Person conference





# Pennsylvania

- 2002
  - 97% Institutional
  - \$4 billion
  
- 2008
  - 86% Institutional
  - \$4.3 billion
  - Nursing Home bed days down by 600,000
  - Nursing Home census down by 100,000
  - Doubled HCBS caseload (up 25,000)

Jennifer Burnett  
June 2009 - Hill Briefing