

CHC Evaluation 2022 Update

Medicaid Research Center

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Presented by:

Howard Degenholtz, PhD, Lead Evaluator
Department of Health Policy and Management
University of Pittsburgh

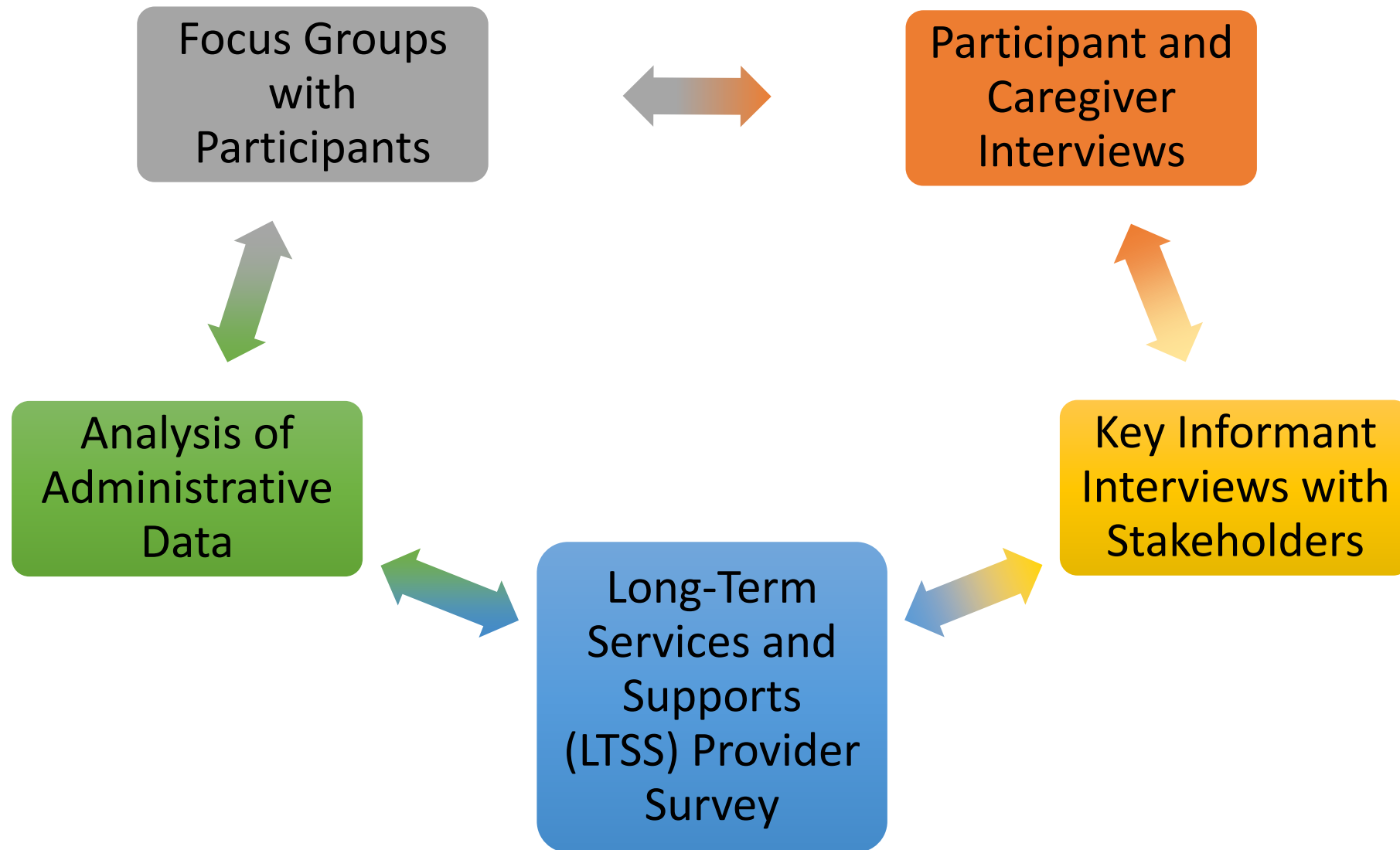
Study Team

- Keri Kastner, MS – Project Coordinator
- Qualitative Analysts
 - John Yauch, MPH
 - Teresa Beigay, DrPH
- Survey Research Center
 - Todd Bear, PhD
 - University Center for Social and Urban Research
- Health Services Research Data Center
 - Dan Ricketts
- Quantitative Analysts
 - Jie Li, PhD
 - Lingshu Xue, PhD
 - Michael Sharbaugh, MPH
 - Damian DaCosta, Doctoral Candidate (PhD, 12/2022)
- Medicaid Research Center
 - Evan Cole, PhD
 - Julie Donohue, PhD

Overview

- The Medicaid Research Center (MRC) is conducting ongoing evaluation of Community HealthChoices (CHC)
 - Independent assessment of program implementation and impact
- Multiple methods from a wide range of
- data sources
- High priority on participant voice
 - Augments what we learn from administrative data
 - Focus groups and surveys
- Regular contact with Office of Long-Term Living (OLTL) on findings
 - Independent data helps verify and validate anecdotal reports OLTL hears from other sources
 - Aid decision making in real time
- Quarterly and Annual reports from 2017 to present as well as multiple Topic Specific Reports
- Findings in this overview:
 - Key Informant Interviews
 - Nursing Facility (NF) Study
 - Participant Surveys
 - Home and Community-Based Services (HCBS) Provider Survey
 - Administrative Data
 - Medicaid Spending
 - Ancillary Studies
- Content drawn from:
 - 2022 Annual Report
 - Independent Assessment Report
 - Submitted in August as part of (b) Waiver renewal
 - MRC is engaged on 2nd Waiver period

CHC Evaluation Overview: Multiple Methods



Key Informant Interviews with Stakeholders

Key Informant Interviews (KIIs) with Stake Holders

- The MRC conducted 29 Key Informant Interviews
 - 23 Nursing Facilities (Overlaps with Nursing Facility Study)
 - 4 Homecare Agencies
 - 1 Durable Medical Equipment Provider
 - 1 Transportation Provider
- Total of 52 people (1-2 per organization) interviewed
- KII Key Findings
 - CHC is beneficial in providing equipment, support, and services to participants;
 - Supply chain issues during the pandemic caused major delays in obtaining equipment;
 - The transition to CHC for Phase III providers was seamless;
 - CHC has added a layer of complexity for transportation providers;
 - Transportation providers inquired about utilization rates; they fear the number is too low;
 - One Managed Care Organization (MCO) instituted incentive pay for Electronic Visit Verification (EVV) accuracy.

Nursing Facility Study

Nursing Facility Study

- Update of study conducted in 2019
- Interviewed:
 - Nursing Facility Residents
 - Administrators
 - Other leadership
- Leadership Interviews covered:
 - Quality Incentive Program (QIP)
 - Long-Term Care (LTC) Learning Network (LN)
 - Community Transitions
- Resident Interviews:
 - Participant Experience (CAHS-NH)
 - Quality of Life
- 18 Nursing Facility site visits
 - 8 in SouthWest (SW)
 - 3 in SouthEast (SE)
 - 7 in Lehigh/Capital (LC) / NorthWest (NW) / NorthEast (NE)
 - For profit, non-profit and government in each region
- 312 CHC Residents Interviewed
- Report scheduled for Summer 2023

Skilled Nursing Facility Study

- Preliminary findings from leadership interviews include:
 - Initially, nursing home administrators were not aware of the QIP or the LTC LN.
 - By late 2022, nearly all administrators were aware of both quality incentive programs.
 - Staffing shortages are a significant challenge.

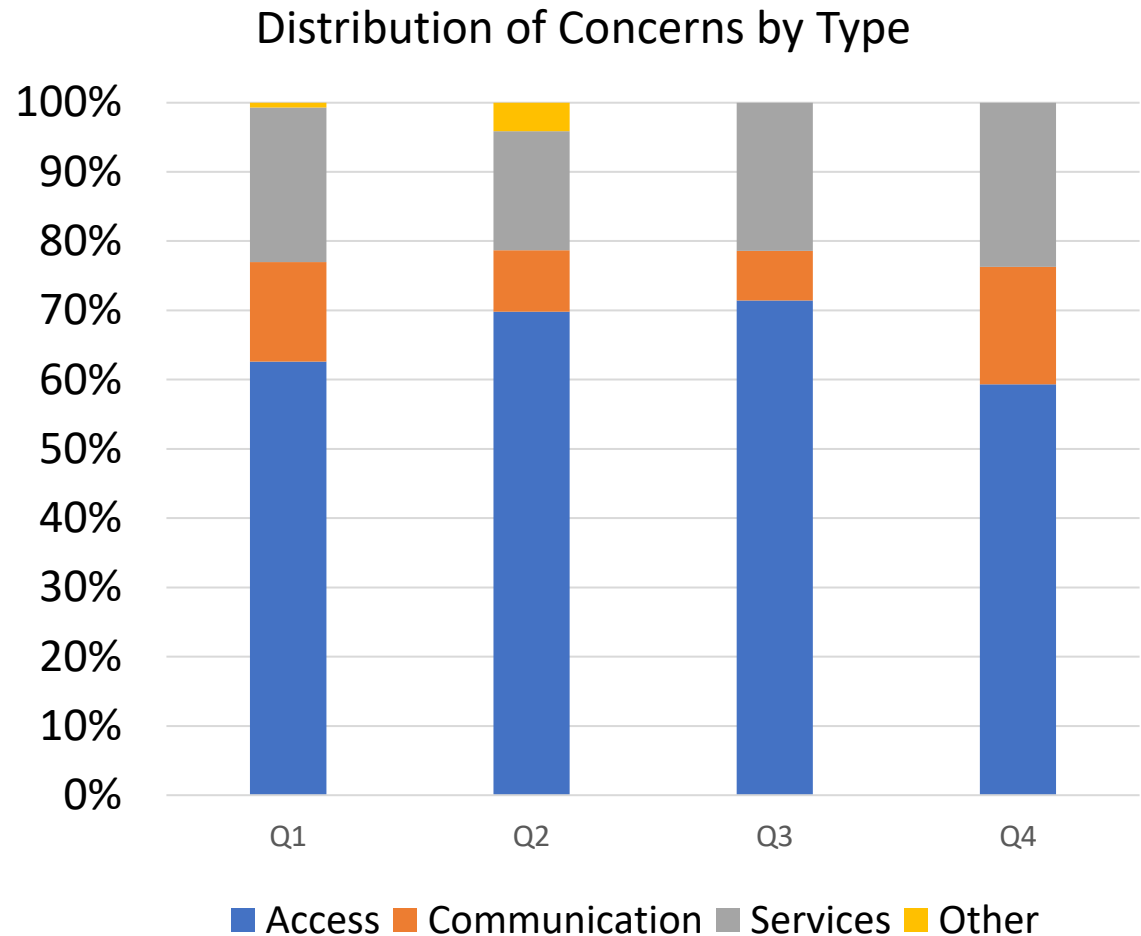
Participant and Caregiver Experience Interviews

Participant and Caregiver Experience Interviews

- Random sample of Participants
- Stratified by region and:
 - Age 21-59 HCBS
 - Age 60+ HCBS
 - Age 21+ Dual
- In Calendar Year (CY) 2022, interviewed 1,616
- Topics:
 - Health status, quality of life, access to care
- Longitudinal design
 - Participants have a baseline and follow-up at 18 months and 30 months to capture change attributable to CHC enrollment
- Cross-sectional supplements
 - Introduced to compensate for attrition
- Participants asked to identify family caregivers (includes paid family)

Participant Experience Interviews Concerns

- Participants are given opportunity to identify any concerns regarding their care or services
- Responses are forwarded immediately to OLTL to determine appropriate action
 - Operations or MCO
- Total for 2022:
 - 230 Participants gave additional information
 - 451 Concerns (i.e. individuals could identify multiple concerns)

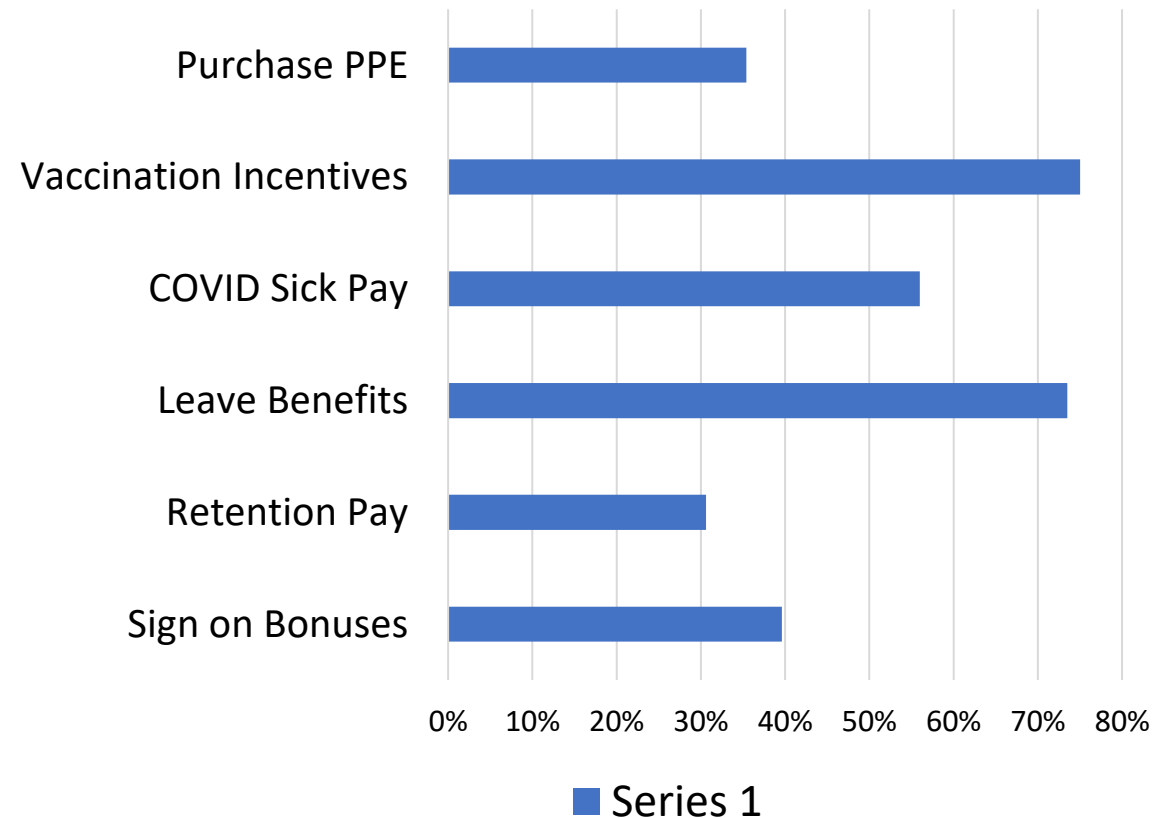


Home and Community Based Provider Survey

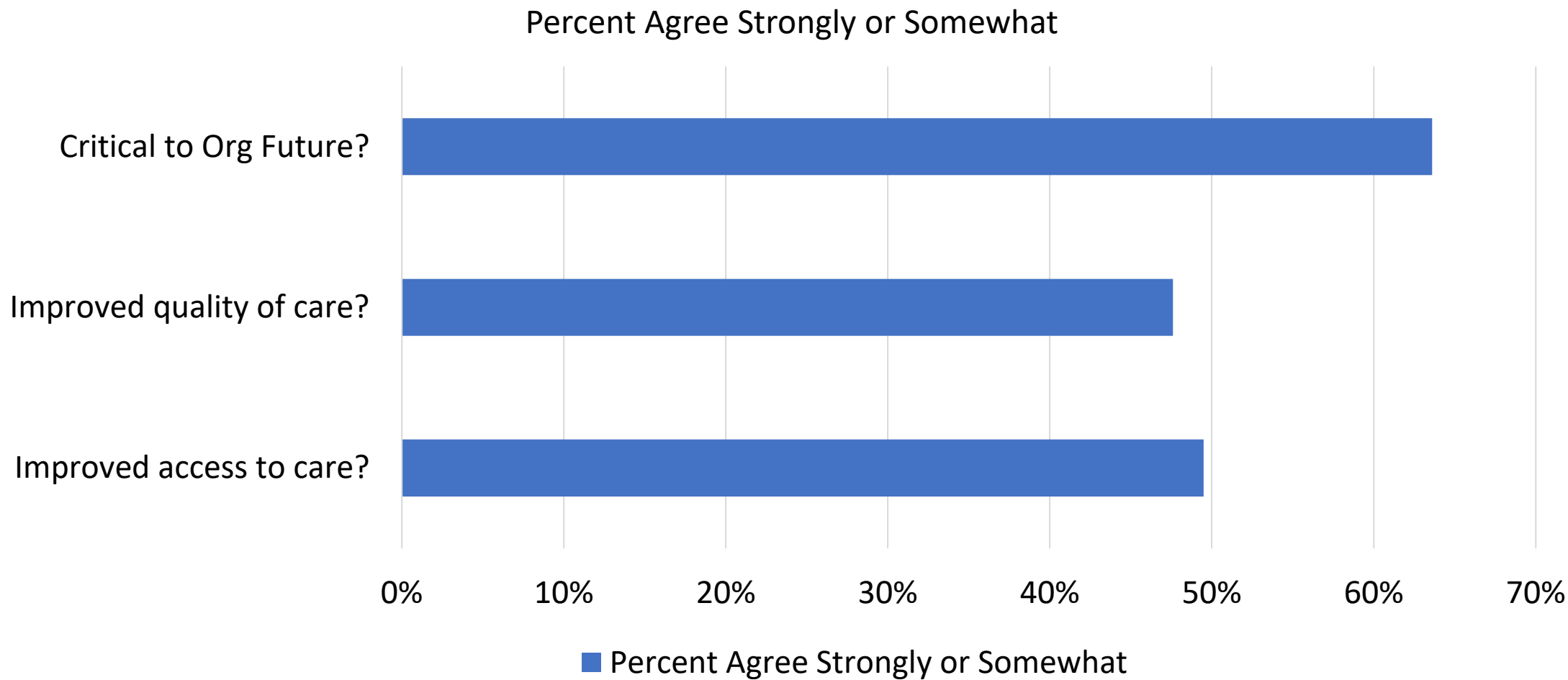
Home and Community Based Provider Survey (HCBS)

- Purpose is to capture provider experience with CHC Program
 - Perceptions of impact on quality, access to care for participants, impact on finances
 - Impact of COVID on providers
- In 2022 we completed Wave 5 over the winter and launched Wave 6 in the fall (ended in early 2023)
 - Wave 5 sample n = 602
 - Wave 6 sample n = 570
- Wave 6 Highlights:
 - Addressed Strengthening Workforce payments
 - 31% of providers reported applying for payments
 - 12% indicated planning to apply

Provider Use of Payments

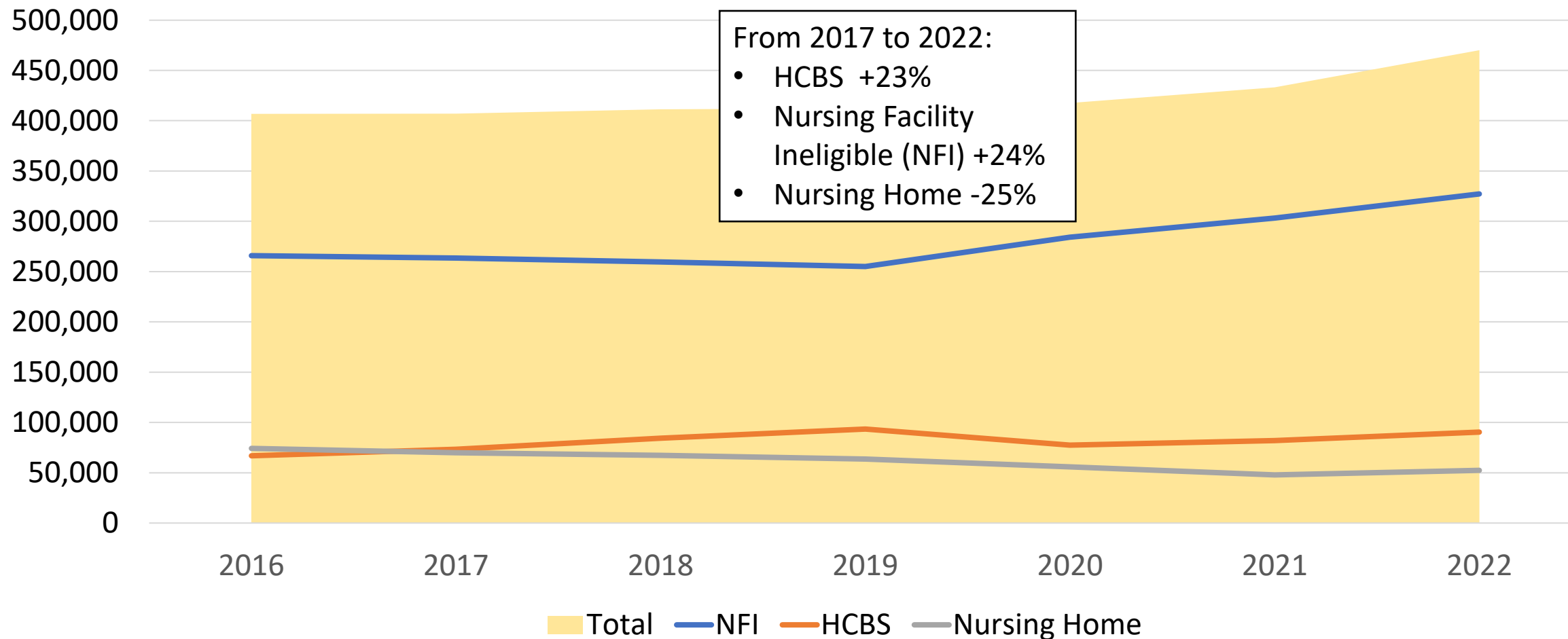


HCBS Provider Survey: Perceptions of CHC

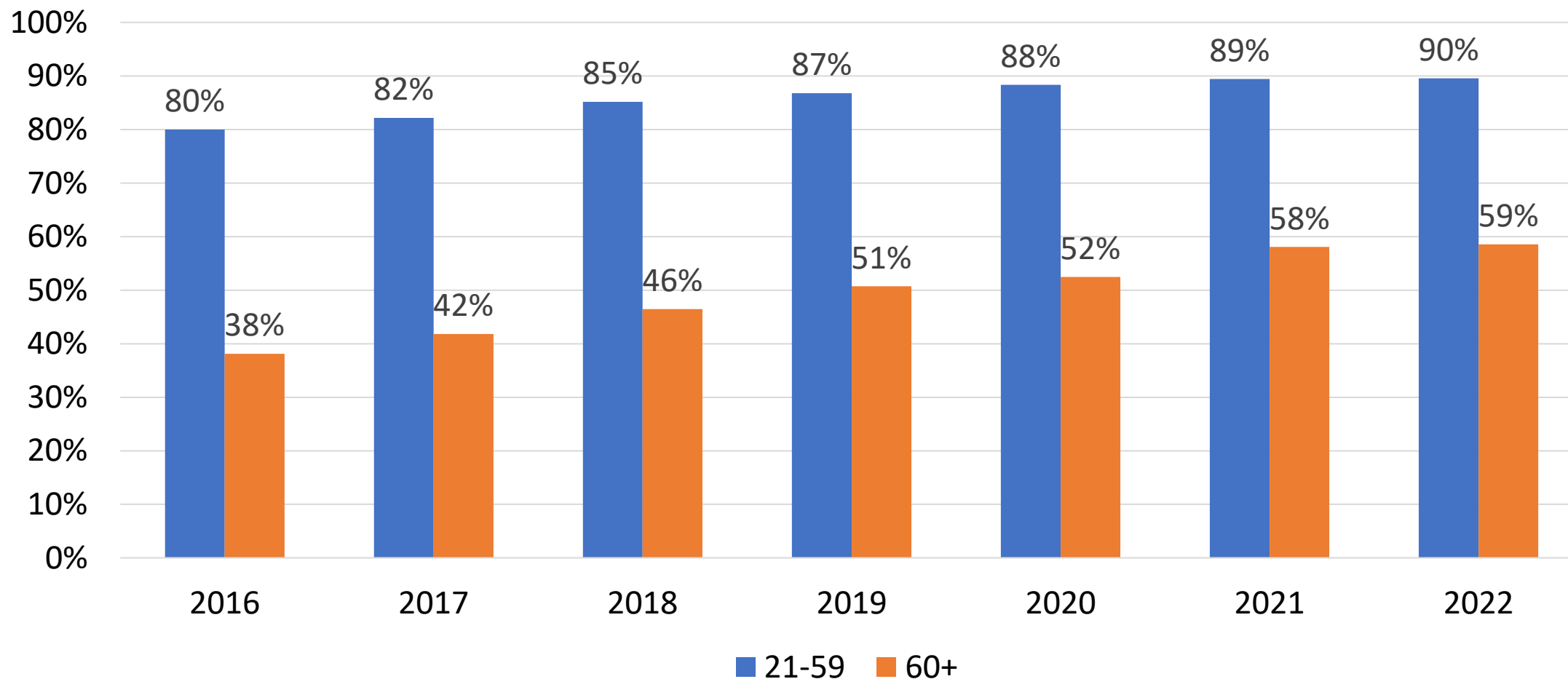


Administrative Data Analyses

CHC Enrollment by LTSS Status



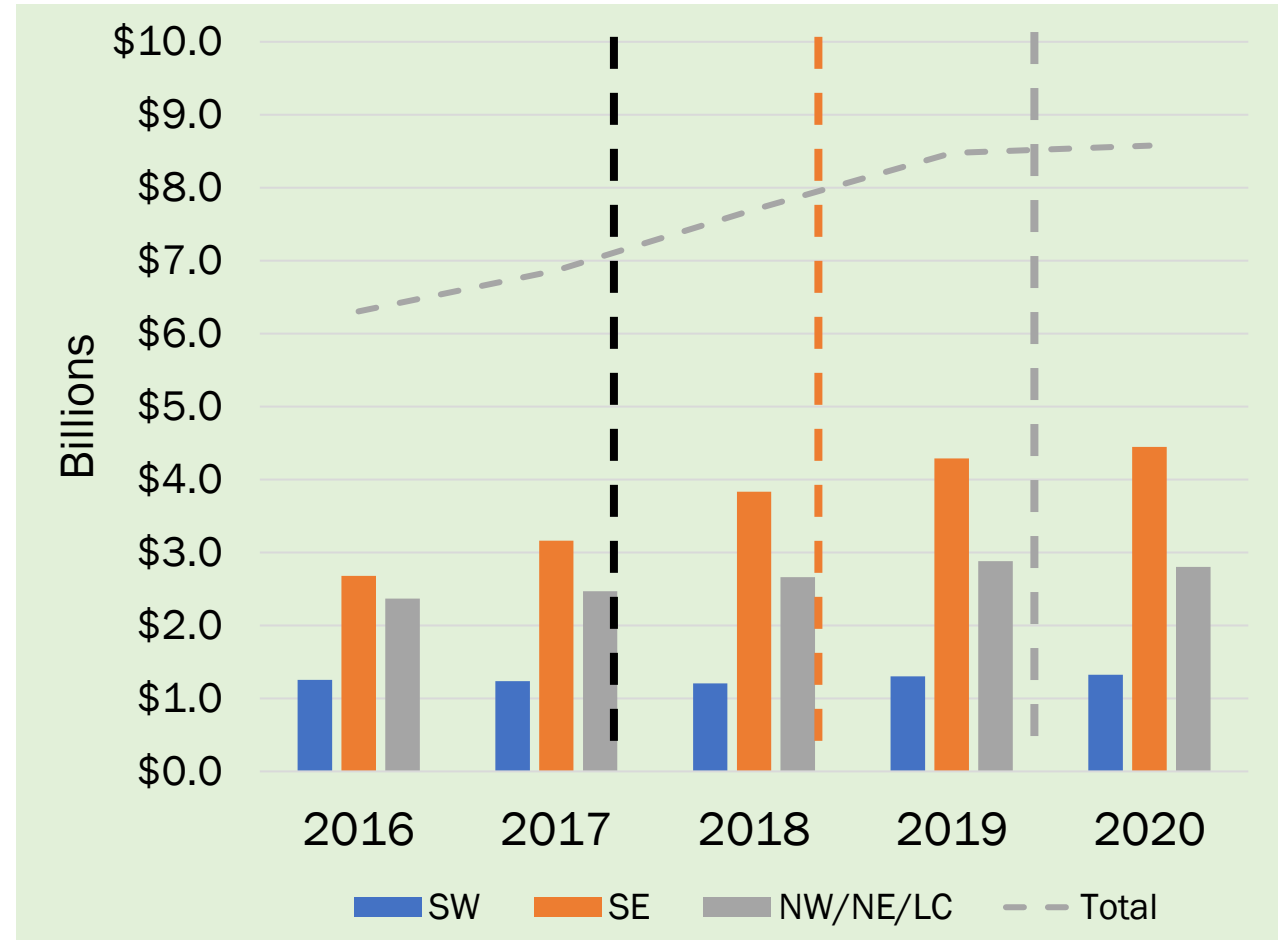
Rebalancing Trend by Age Group



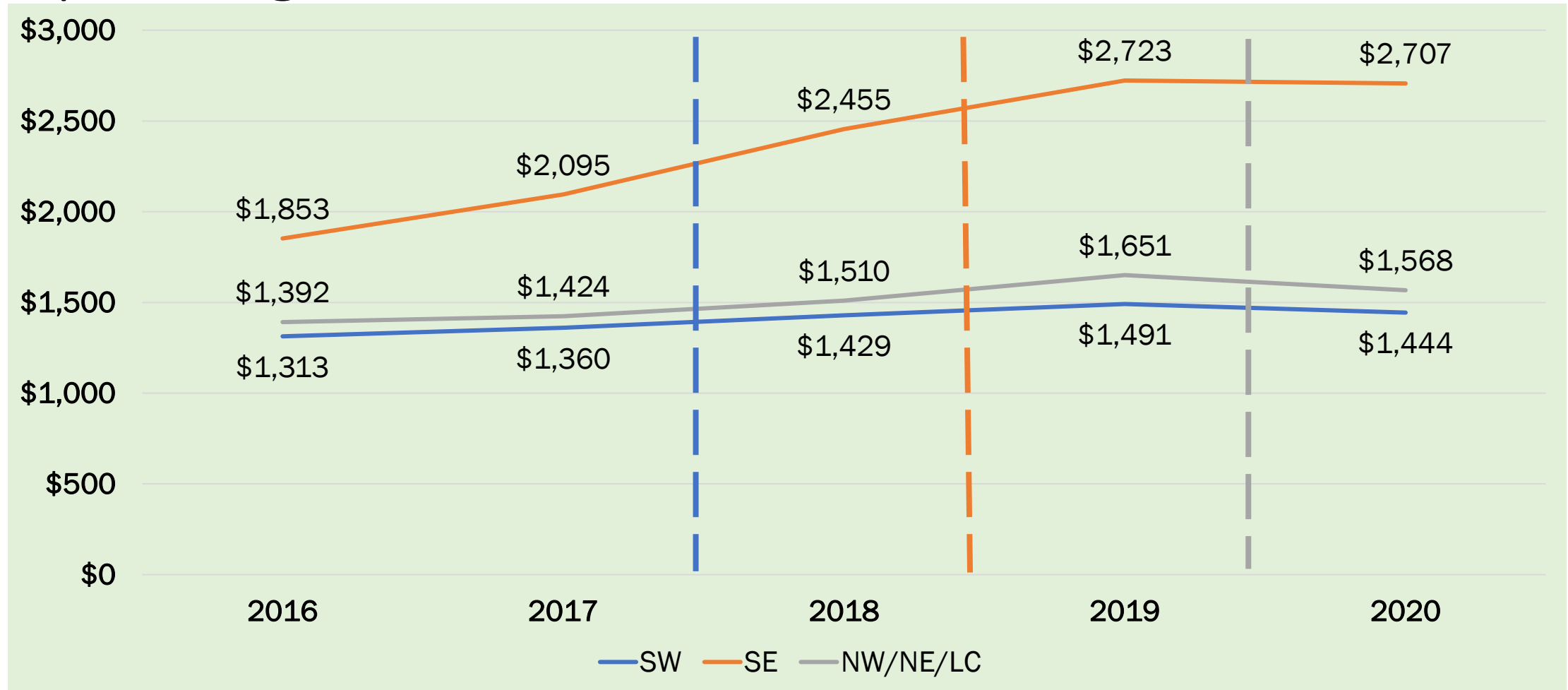
Note: Percentage of LTSS Users in HCBS

Total Medicaid Spending

- Analysis of total over initial program years 2016 to 2020
- Spending was calculated in the following categories:
 - Total spending (all categories);
 - Non-LTSS spending;
 - HCBS Spending; and
 - Nursing Facility spending.
- Total spending rose from \$6.30 billion to \$8.58 billion in 2020

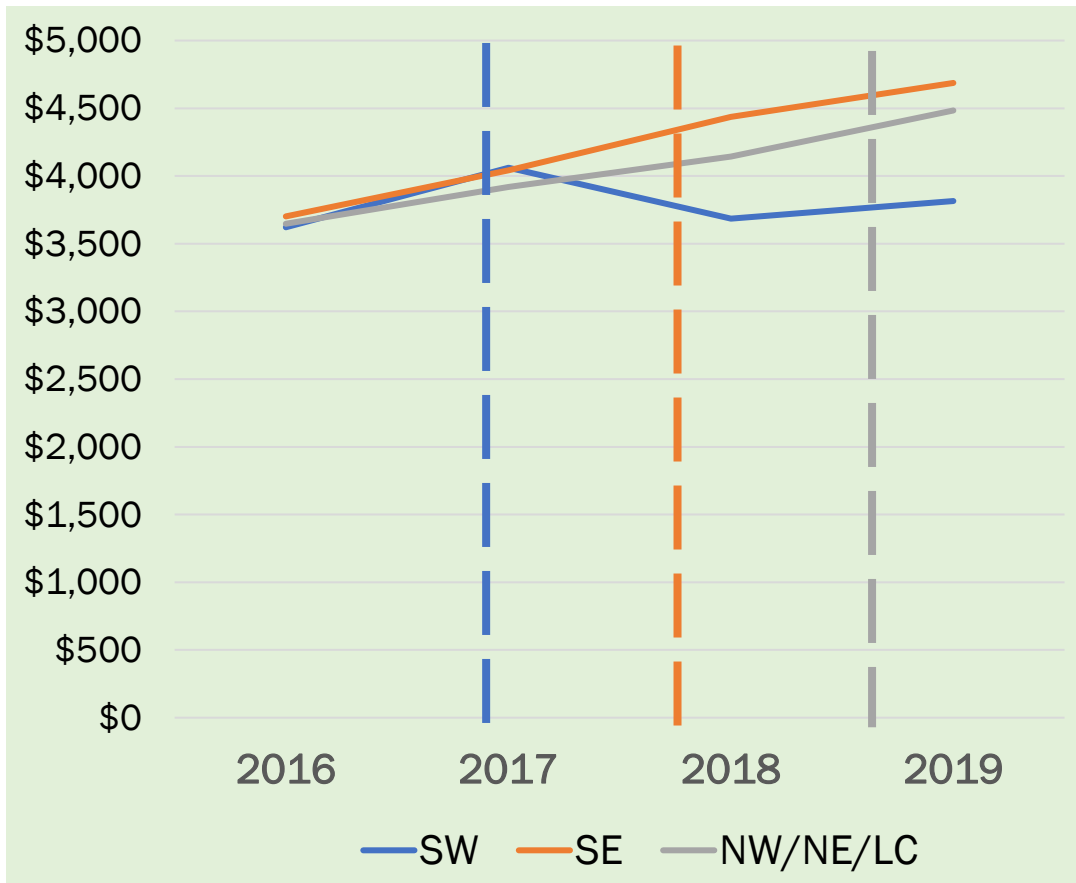


Estimate of Effect of CHC Based on Per-Person-Per-Month Mean Total Medicaid Spending

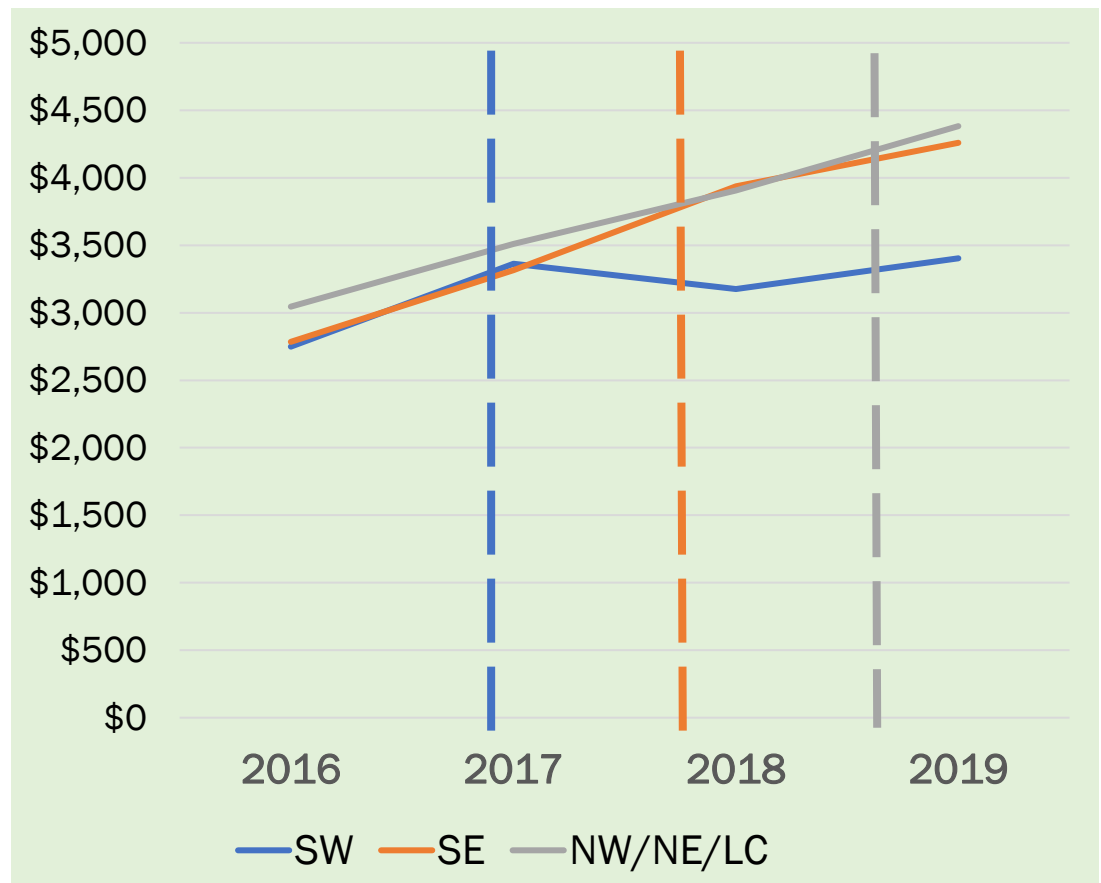


Growth in Per-Person-Per-Month Average HCBS Spending Slowed

HCBS Spending Age 21-59

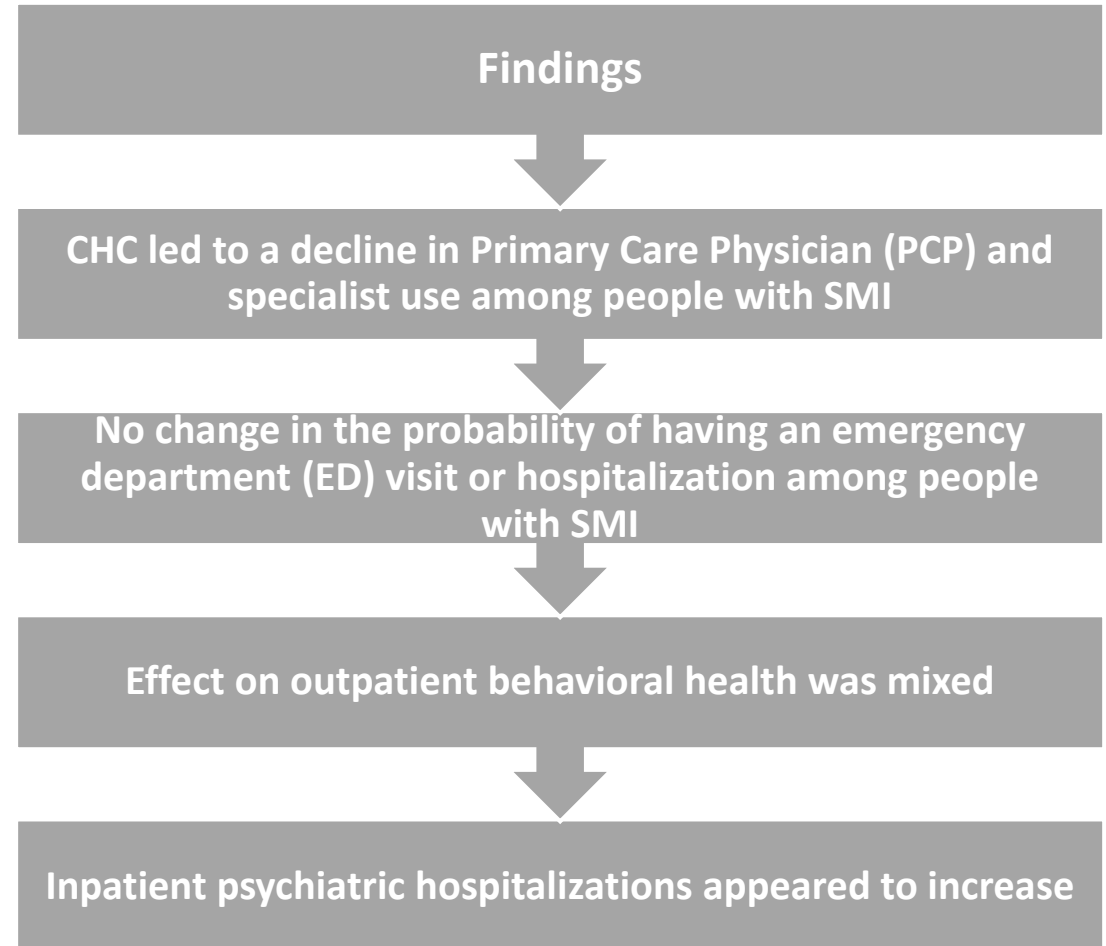


HCBS Spending Age 60+



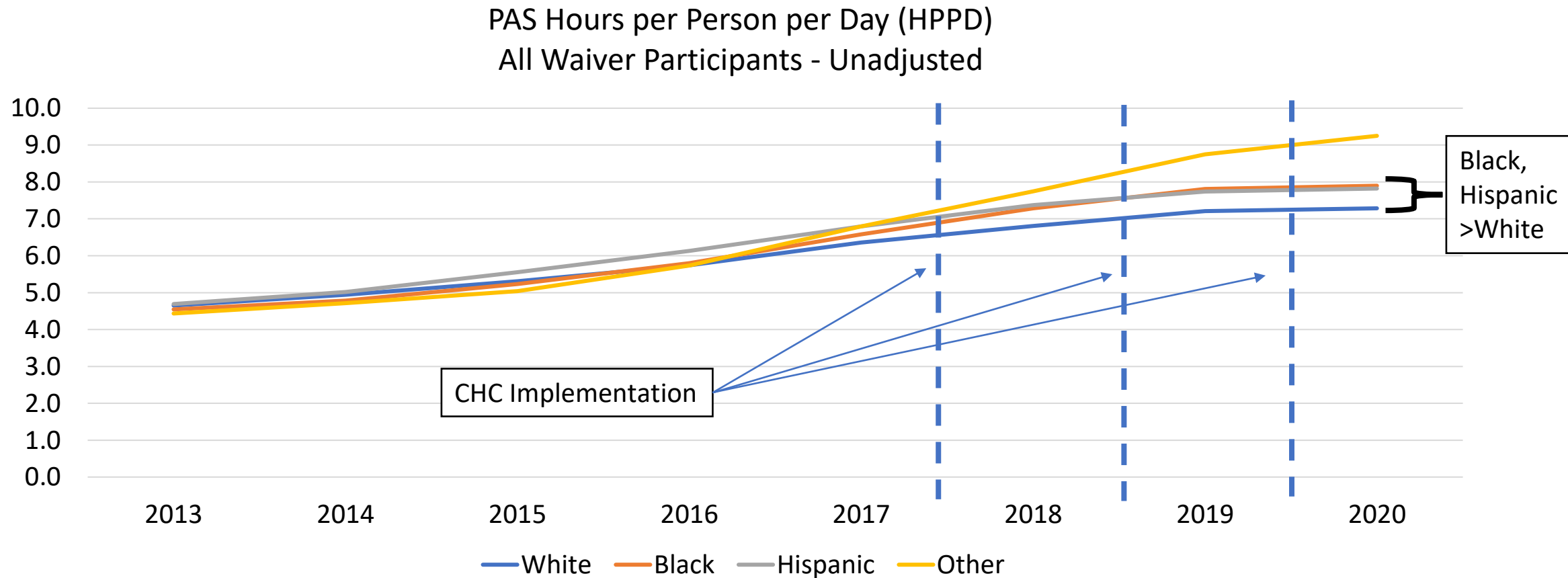
Behavioral Health (BH) Use

- CHC expanded coverage of BH-MCOs to HCBS and NF residents
 - BH-MCO Care Coordination may improve access to care and outcomes
- Analysis of Medicaid and Medicare Claims data
- 35% of CHC participants are diagnosed with Serious Mental Illness (SMI; Depression, Bipolar, Schizophrenia)
- 63% of participants living in NFs have been diagnosed with an SMI

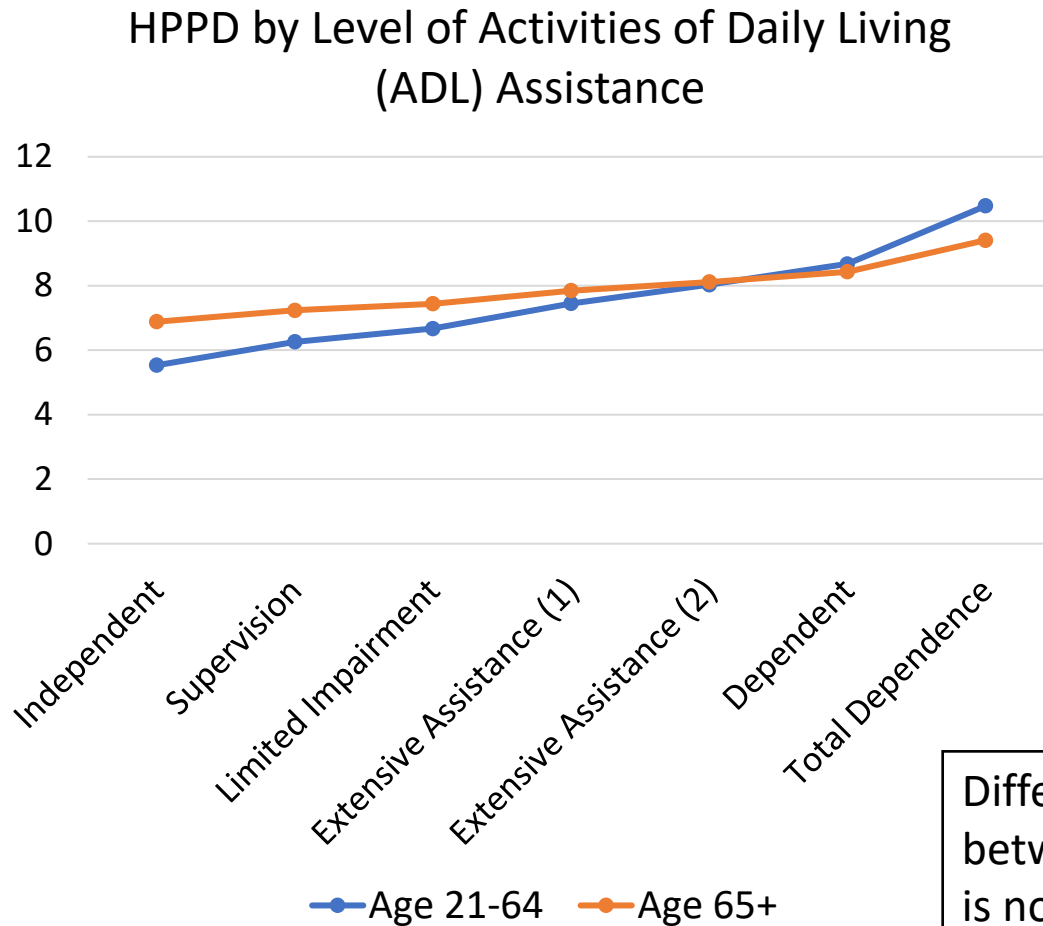


HCBS Assessment Data Analysis

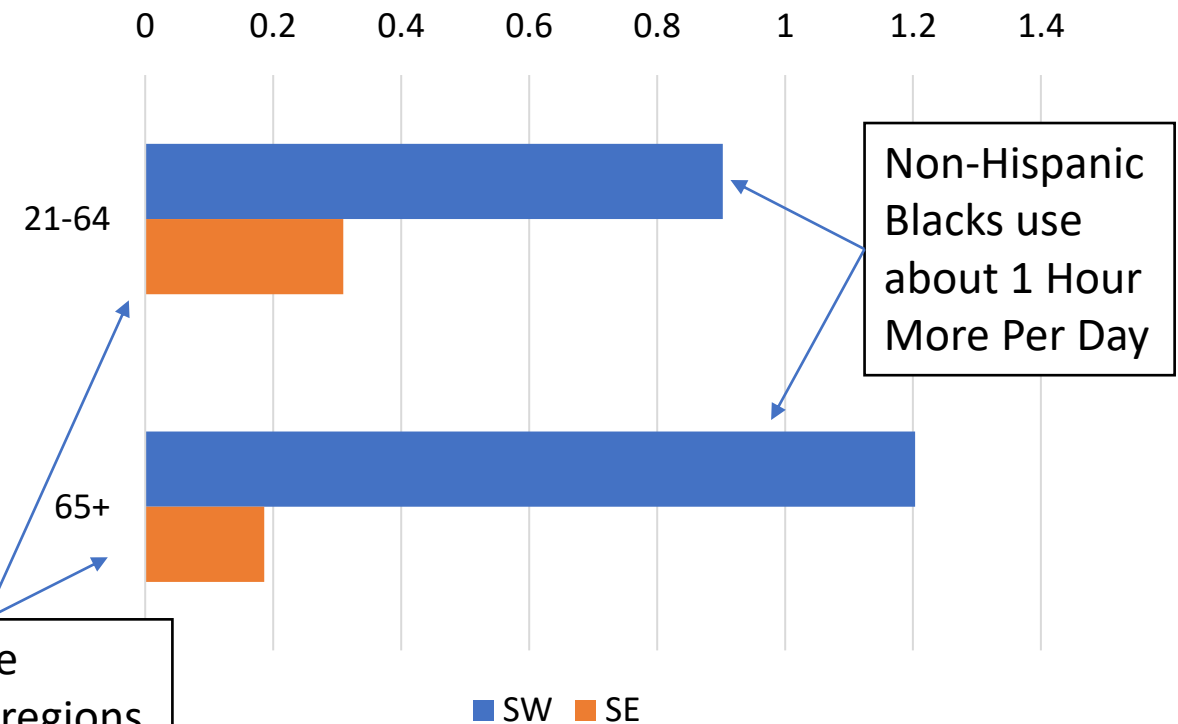
Use of Personal Assistance Services (PAS) Varies by Race/Ethnicity Over Time



Do differences in PAS persist when adjusting for disability?



Black-White Difference in HPPD by Age and Region



Non-Hispanic
Blacks use
about 1 Hour
More Per Day

Difference
between regions
is not statistically
significant

Upcoming Activities

Upcoming Activities and Deliverables

- Key Informant Interview
Qualitative Report
- NF Study Report
 - Leadership Interviews
 - Resident Quality of Life and
Experience Interviews
- Overall Evaluation of QIPP and
LN
- HCBS Provider Survey Report
- Participant Survey Report

Contact Information

Howard B. Degenholtz, PhD, Lead Evaluator

Professor,

Department of Health Policy and Management

School of Public Health

Center for Bioethics and Health Law

Health Policy Institute

Medicaid Research Center

University of Pittsburgh

(412) 624-6870

degen@pitt.edu