



## Introduction

In 2009-2010, Virginia participated in a pilot project of the Administration on Aging. The Nursing Home Diversion Modernization Program, now known as the Community Living Program (CLP), was designed to assist individuals at risk of both nursing home placement and spending down to Medicaid eligibility, with continuing to live in their communities. The program included consumer-directed (CD) services and utilized the assistance of a fiscal intermediary to support participants and other persons involved with their care. Outcome and process evaluations conducted on the pilot revealed challenges, successes and next steps for expanding the program statewide.

## Methods

Using a mixed-method approach, data were collected on participants and services delivered between Oct 2009-Sept 2010. Data came from five sources: 1) the state database in which the AAAs store information such as participant characteristics and service enrollments, 2) the fiscal intermediary database (service enrollments and invoices), 3) conversations with Service Coordinators (SC), who assisted participants in securing services and who had access to participant characteristics and recruitment information not documented elsewhere, 4) telephone satisfaction surveys with participants or proxies (85% completed by proxies identified by SCs or participants), and 5) weekly phone calls with the leadership team.

## Participants

**58 participants** received CLP services from one of three AAAs. Enrollment was ongoing throughout the pilot period.

**The typical CLP participant** was between the ages of 80-89 and predominantly White, non-Hispanic, married woman living with a spouse.

- 72.0% had 1-5 ADL limitations and 35.0% had 5 ADL limitations
- Primary diagnosis was dementia (46%) or physical disability (44%) and many participants experienced both.
- 82% had some memory loss; 53% reported depression

### Un-enrolled participants

- 14 participants (23%) were unenrolled during the pilot.
  - 8 died and 6 transitioned to long term care or no longer met income eligibility criteria.

### Primary caregivers

- Spouses (52%) and adult children (40%)
- 48% providing care for 1-4 years
- 64% provided care 24/7, with 100% always "on-call"

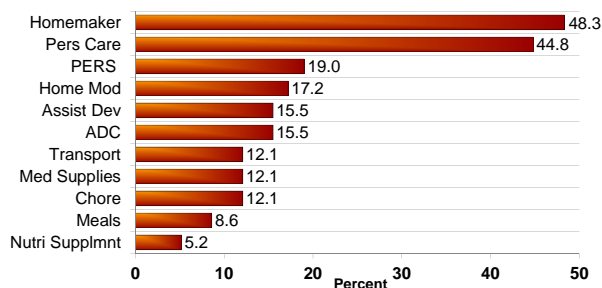
## Allotment, Services, & Expenditures

### Monthly budget allotment

- \$1200 allotted to purchase services minus monthly fiscal intermediary fee of \$80. No fees were collected for SC time.

### Services

- SCs helped participants identify services to help them remain living in their homes. Services accessed included: (n=58)



### Expenditures

- Average total daily expenses ranged from \$6.70 to \$57.14.
- Costs for CD services were higher than agency-directed, in part because participants often reimbursed at higher rates.

	Pers Care - CD	Pers Care - Agency	Homemaker - CD	Homemaker - Agency
# Participants	10	19	8	20
Average # Months Enrolled	4.9 mos	4.3 mos	5.8 mos	5.3 mos
Total Program Expenditures	\$40,566	\$61,053	\$31,806	\$54,742
<b>Average Monthly Invoice</b>	<b>\$817</b>	<b>\$570</b>	<b>\$740</b>	<b>\$521</b>

## Challenges

### Design and implementation of electronic information systems

- Fiscal intermediary and VA Dept for the Aging

### Staff training

- Electronic information systems (skill-based)
- Service coordination of CD services (knowledge and skills)

### Targeted enrollment

- Eligibility criteria and timetable for recruitment
- Establishing effective community referral sources

## Successes

### General satisfaction with program services

- 100% *Very satisfied* or *Satisfied*

### Improved quality of life

- 93% *Improved a lot* or *Improved a little*

### Diverted nursing home placement

- 37% *Almost certain* or *Very likely*

### Improved ability to deal with personal health

- 100% *Helped*

### Reduced out-of-pocket expenses for participants

- Prior to enrollment, 65% spent on average \$730 /month
- After 3 months, ~ 50% spent on average \$313 /month

### Reduction in potential expenditures for State

- Average \$24.90 /day to provide services, which was far below Medicaid reimbursement rates for a nursing home bed, which ranges from \$134 to \$169 per day.

### Incorporation of CD services

- Employed their own personal care aide (35.7%) or homemaker/companion aide (28.6%)
- 15.8% participants chose non-traditional services only, including one-time or intermittent services (e.g., transportation, home improvements, adaptive equipment) that required half the SC time (13.2 hrs) than participants receiving agency-directed services (27.9 hrs).

## Next Steps

### Access

- Refine enrollment criteria to focus more on at-risk participants
- Develop recruitment strategies that maximize use of professional connections and SC time
- Enroll individuals suited for CD

### Quality

- Maintain positive attitudes and professional manners with participants and their families
- Develop strategies to facilitate conversations about use of CD services including one-time and intermittent service options
- Provide SCs with information and training about the range of concerns and constraints shared by primary caregivers

### Cost

- Allocate a monthly minimum rate to cover SC time
- Monitor SC time spent on supporting participants initiating CD services and develop strategies to offset related support costs to the program