

Long Term Care (LTC) Restructuring Initiatives in Arkansas

Offering a Greater Array of Home and Community Based Services (HCBS):

- HCBS include an assisted living model called “Living Choices,” which features apartment-style housing with 24- hour supervision, support services, and personal health care.
- In addition to generally providing more consumer-directed care in the state, Arkansas also implemented a “cash and counseling” demonstration program of self-directed home care services dubbed “Independent Choices.” Cash and counseling programs give Medicaid recipients the opportunity to manage a flexible budget and to choose from among the Medicaid services available, which particular services they would like to use. For instance, they may use their budgets to hire their own personal care aides, as well as to purchase items or services and home modifications, which enable them to live independently.
- The Medicaid HCBS waiver program implemented in the state is known as “Elder Choices” and included 64,000 participants as of 2006. State officials and interest groups are also working to incorporate adult foster care into the Elder Choices program. Additionally, the Division of Aging and Adult Services (DAAS) has partnered with National Cooperative Bank (NCB) Capital Impact to provide an online training program to providers in order to certify them as adult foster homes. Those providers that receive an aggregate minimum score of 75 on the online exam will be considered certified.
- “Next Choice” provides cash allowances for community services for persons leaving nursing homes.
- Home-delivered-meals are provided to eligible clients who are homebound. The Home-Delivered-Meal program provides one daily nutritious meal to clients, who are limited to a maximum of thirty-one units per month and four emergency meals per state fiscal year. The quality of home-delivered-meals must meet the following guidelines:
 1. Hot home delivered meals provide one meal per day of nutritional content equal to one-third of the Recommended Daily Allowance (RDA) as recommended for an adult male 55 years or older and comply with the *Dietary Guidelines for Americans*.
 2. Frozen home delivered meals have the same requirements as hot with a few more rules. The goal of the frozen meals is to supplement, not replace, the hot meals.
 3. Frozen meals are for those who reside in remote areas where daily hot meals are not available or choose to receive a frozen meal rather than a hot meal or are at nutritional risk and are certified to receive a meal

- for use on weekends or holidays when the hot meal provider is not in operation.
4. Clients must have adequate and appropriate storage and be able to perform the simple tasks associated with storing and heating a frozen meal or have made other appropriate arrangements approved by the state.
 5. A maximum of seven frozen meals may be delivered at one time.

Educating Consumers:

- Arkansas has developed web-based applications that providers and case managers can use to better assist their clientele and that consumers can use directly to insert self-assessment information and be directed to resources. Consumers may turn at any time to an 8-question self-assessment form. Based on responses to these questions, a list of potential services is generated. Consumers may then learn more about the services generically (clicking to download educational material) or may go directly to a local list of providers. Consumers may also enter the data base by skipping the self-assessment and simply seeking information about categories of services.
- The state created the Aging and Disability Leadership Academy. Those interested in attending workshops may apply. Those selected attend sessions at the expense of the state. This strategy is designed to establish networks of informed and activated consumers throughout the state.

Developing Single Point of Entry:

- The state also received a Systems Transformation grant to develop a statewide single point of entry system for long-term-care services. This program includes a web-based system for recording applications, a screening assessment tool, a financial tool to predict eligibility, a process for service authorization, links to community entities that serve individuals at risk for nursing home admission, and a triage strategy for persons referred to the center. The goal of this program is to shorten the time period between a consumer's application and determination of the consumer's eligibility.

Offering More Consumer Direction and Choice:

- A consumer who applies for the Elder Choices program must take part in a client assessment and in-take, during which the consumer's financial eligibility and level of need of care is assessed, and a plan of care is developed. The consumer then elects to have either home and community based services or institutional services. The plan of care

developed for the consumer outlines the medical and other services (including nutritional services) to be provided to the consumer, their frequency and duration, and the name of the provider chosen by the consumer to provide each service.

Evaluations of Arkansas's Restructuring Initiatives

- The Mathematica Policy Research Inc. conducted a study on the Independent Choices program in Arkansas entitled, *How Caregivers and Workers Fared in Cash and Counseling*, which showed that those caregivers who have participated in the program demonstrate improved levels of satisfaction with care, worry, and physical and financial strain as compared to those enrolled in the regular Medicaid program. Additionally, satisfaction with the hours and emotional strain were similar or marginally better than the satisfaction shown for these measures under the regular Medicaid program. Those caregivers who were hired directly demonstrated a higher level of satisfaction with wages, but a similar level of satisfaction with working conditions and similar rates of on-the-job injuries. Predictably, workers who were related to the beneficiary reported higher levels of emotional strain than agency workers, although another study showed that both elders and family caregivers valued care that took place in the context of a reciprocal relationship. The study concluded that while consumer direction has proven to be effective, implementing a support network for caregivers may improve the overall effectiveness of the program.
- A second study conducted by the Mathematica Policy Research, Inc., entitled *Consumer and Counselor Experiences in the Arkansas Independent Choices Program*, surveyed of a sample of consumers who participated in the Independent Choices program. The study found that 96 percent of respondents to a follow-up interview (including disenrollees), said they would "recommend the Independent Choices program to others who wanted more control over personal care services." Among respondents who received the cash allowance, more than half (56 percent) said the allowance improved the quality of their lives a great deal, and another 25 percent said it improved their lives somewhat. (Nineteen percent reported it made no difference, and only two individuals reported the program made their lives worse.) Nonelderly consumers were more likely to say it improved their lives a great deal (63 percent, versus 53 percent of elderly consumers).
 - Respondents primarily cited Independent Choices as improving the quality of their lives by enabling them to (1) purchase or repair equipment or modify homes (18 percent); (2) purchase personal care supplies, nutritional supplements, and other care-related supplies (16 percent); (3) purchase medications that Medicaid did

not cover (14 percent); and (4) choose their caregivers (14 percent). Elderly consumers were also somewhat more likely to cite getting enough care or care at the right time as the ways the allowance improved their lives (11 percent, versus six percent for nonelderly, disabled consumers), but elderly and nonelderly consumers cited similar improvements otherwise.

- Another study conducted by Mathematica Policy Research, Inc., (*Effects of Cash and Counseling on Personal Care and Well-Being*) focusing on the Independent Choices program placed treatment group members into two groups; one which was assigned an allowance and given control over the direction of their Medicaid supportive services under the cash and counseling program, and one control group, which was to rely on regular Medicaid services. The results of the study indicated that the Independent Choices (cash and counseling) group members were more likely to receive paid care, had greater satisfaction with their care, and had fewer unmet needs than control group members in nearly every age group. Furthermore, consumers were not more susceptible to adverse health outcomes or injuries under Independent Choices than were control group consumers. Thus, the study indicated that cash and counseling programs substantially improve the lives of Medicaid beneficiaries of all ages if consumers actually receive the allowance that the program offers.
 - This study also found that allowing Medicaid beneficiaries to direct their own in-home supportive services reduces burdens on informal caregivers, which may help reduce beneficiaries' nursing home use.

Conclusion

- Overall, it appears that Arkansas's efforts to restructure its long term care services have proven to be effective and that the state has provided valuable, effective alternatives to its previous long term care system. Consumer-directed services not only empower consumers to take control of their own care, but also help to improve conditions and satisfaction levels for caregivers and consumers alike. Providing additional support to caregivers, especially for those who are related to consumers, may help to improve the overall effectiveness of these programs even further. Although Arkansas' restructuring initiatives have not achieved perfect results, overall the state's programs have demonstrated a number of positive outcomes and can serve as an example to other states of how to begin identifying and choosing efficient, alternative long term care programs.

Resources

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