



Aging and Disability **BUSINESS INSTITUTE**

Connecting Communities and Health Care



advocacy | action | answers on aging



Developing Alternatives to Long-Term-Care Placement

Institute on Aging

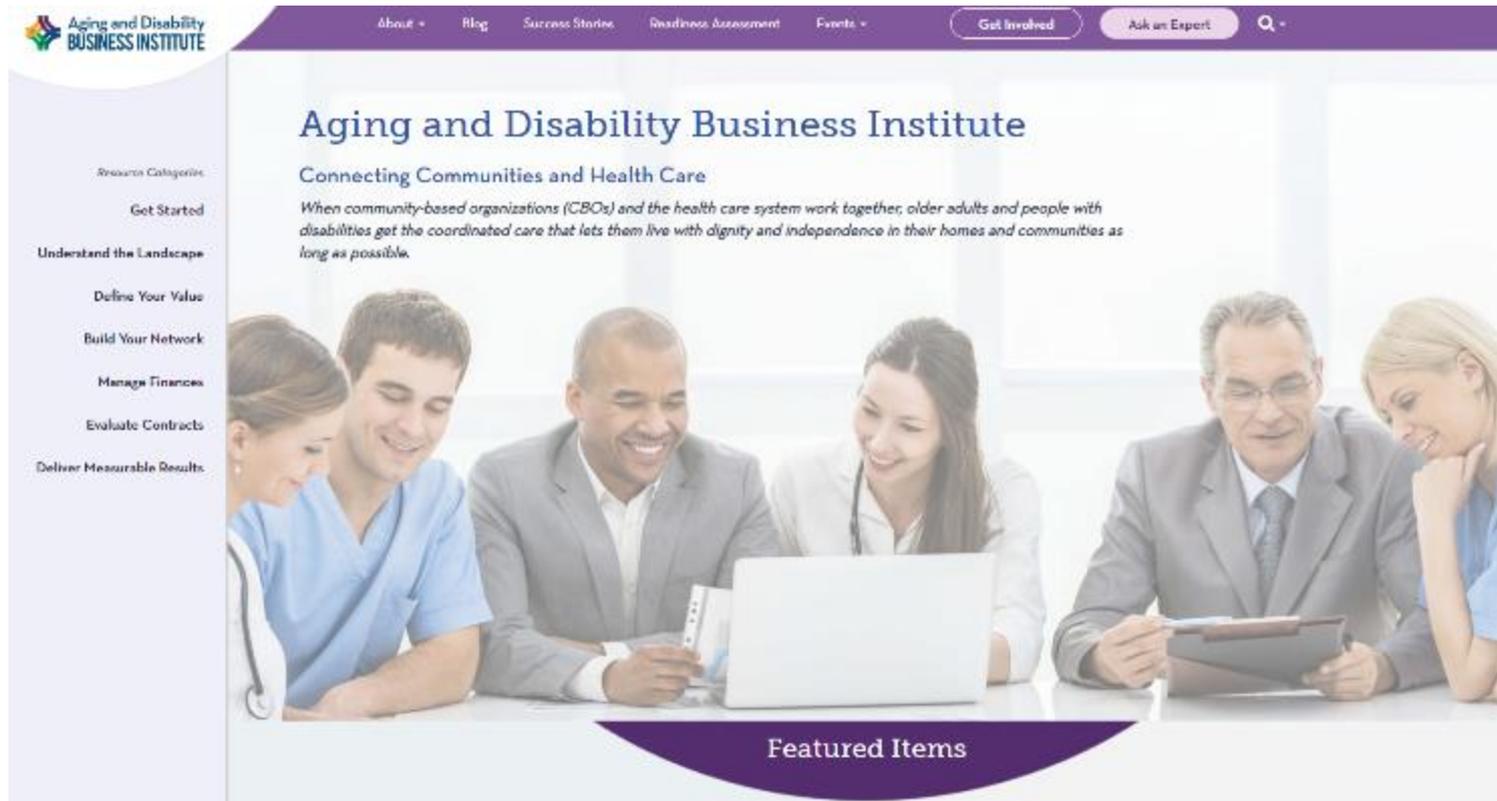
The Business Institute

The mission of the Aging and Disability Business Institute (Business Institute) is to successfully build and strengthen partnerships between community-based organizations (CBOs) and the health care system so older adults and people with disabilities will have access to services and supports that will enable them to live with dignity and independence in their homes and communities as long as possible.

aginganddisabilitybusinessinstitute.org



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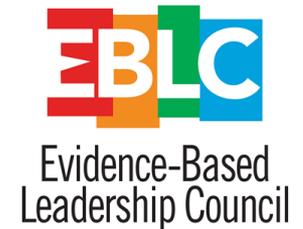
Our Funders



The John A. Hartford Foundation



Our Partners



Introductions

Dustin Harper, Chief Strategy Officer

- Guides IOA's development of new initiatives
- 15 years of management and executive experience providing long term services and supports in for-profit, non-profit and government settings.
- Led the replication of IOA's Community Living Services model.
- Played an advisory role in launching the Support at Home Pilot Program
- Bachelor's degree in Economics ,UCLA
- MBA, San Francisco State University.

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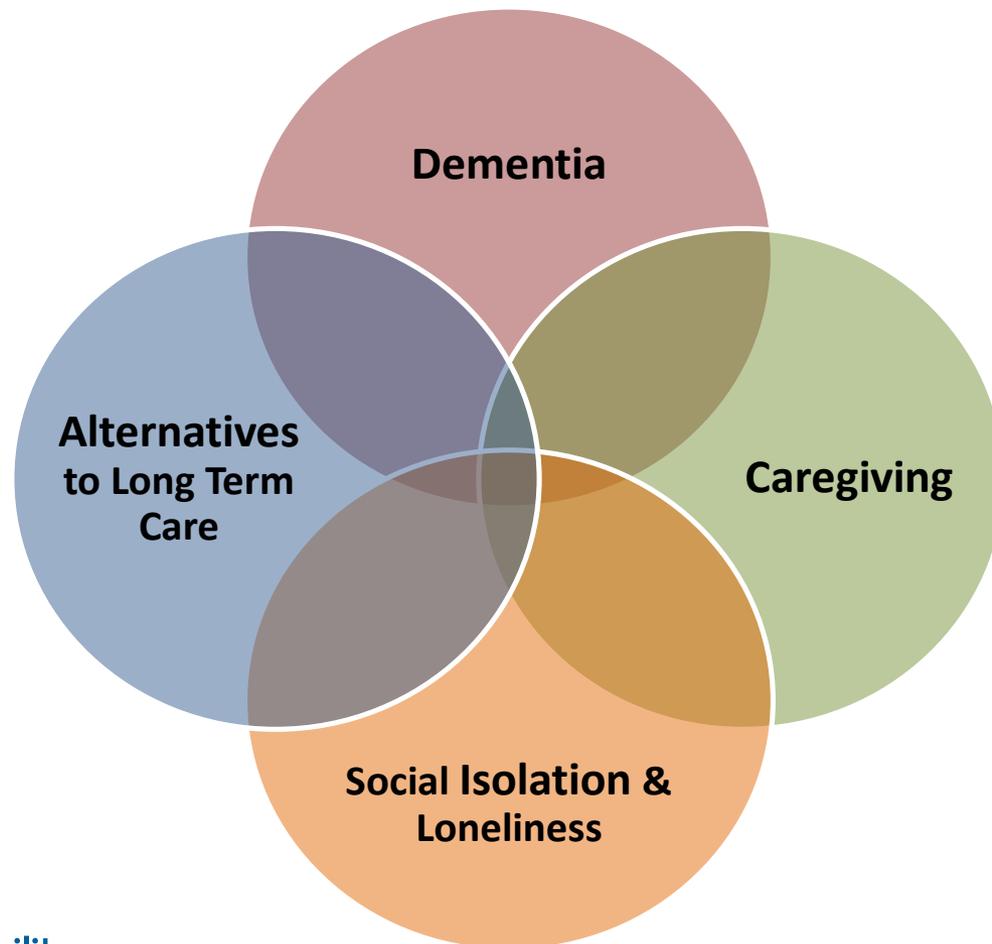
Webinar overview

- Describe IOA experience as CBO developing business acumen
- Case Study #1 – Community Living Solutions replication
- Case Study #2 – Support @ Home pilot (new outcomes!)

Who We Are

Institute on Aging (IOA) is a San Francisco-based non-profit, currently serving California, with expertise in addressing Social Determinants of Health and providing Long-Term Services & Supports.

Institute on Aging Priority Impact Areas



Primary Service Lines

Dementia

- ⑩ Adult Day Services
- ⑩ Dementia Ecosystem

Caregiving

- ⑩ Non-Medical Homecare
- ⑩ **Support @ Home**

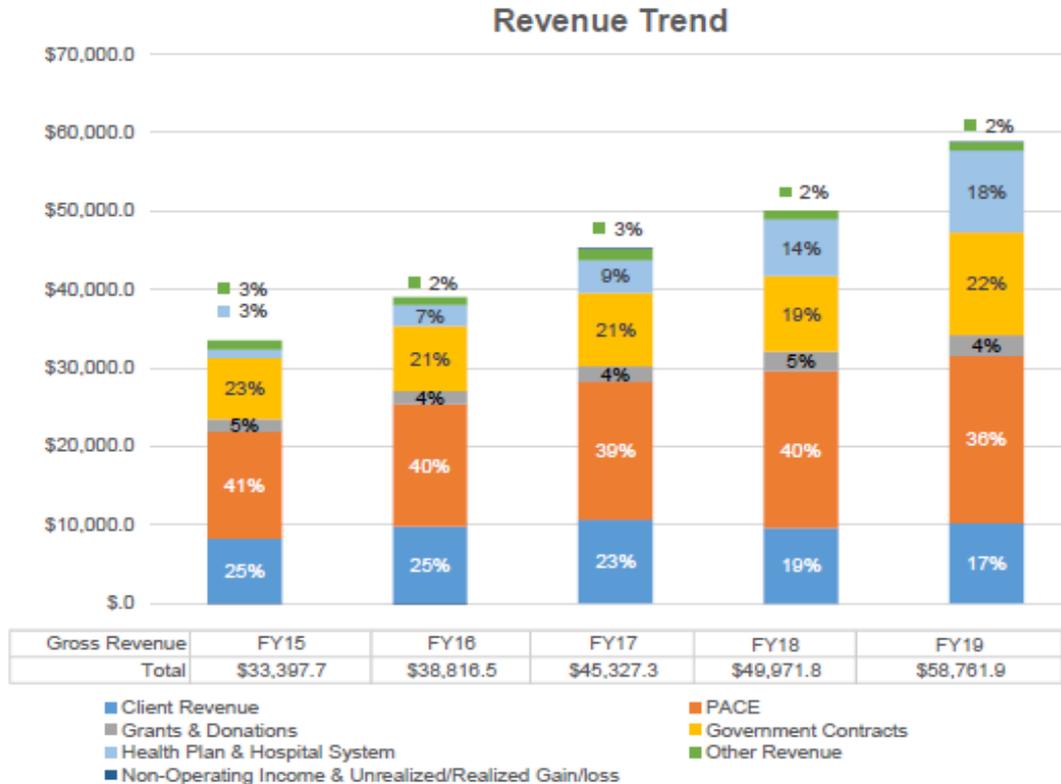
Social Isolation & Loneliness

- ⑩ Friendship Line
- ⑩ Elder Abuse Prevention

Alternatives to Long Term Care

- ⑩ PACE
- ⑩ **Community Living Solutions**

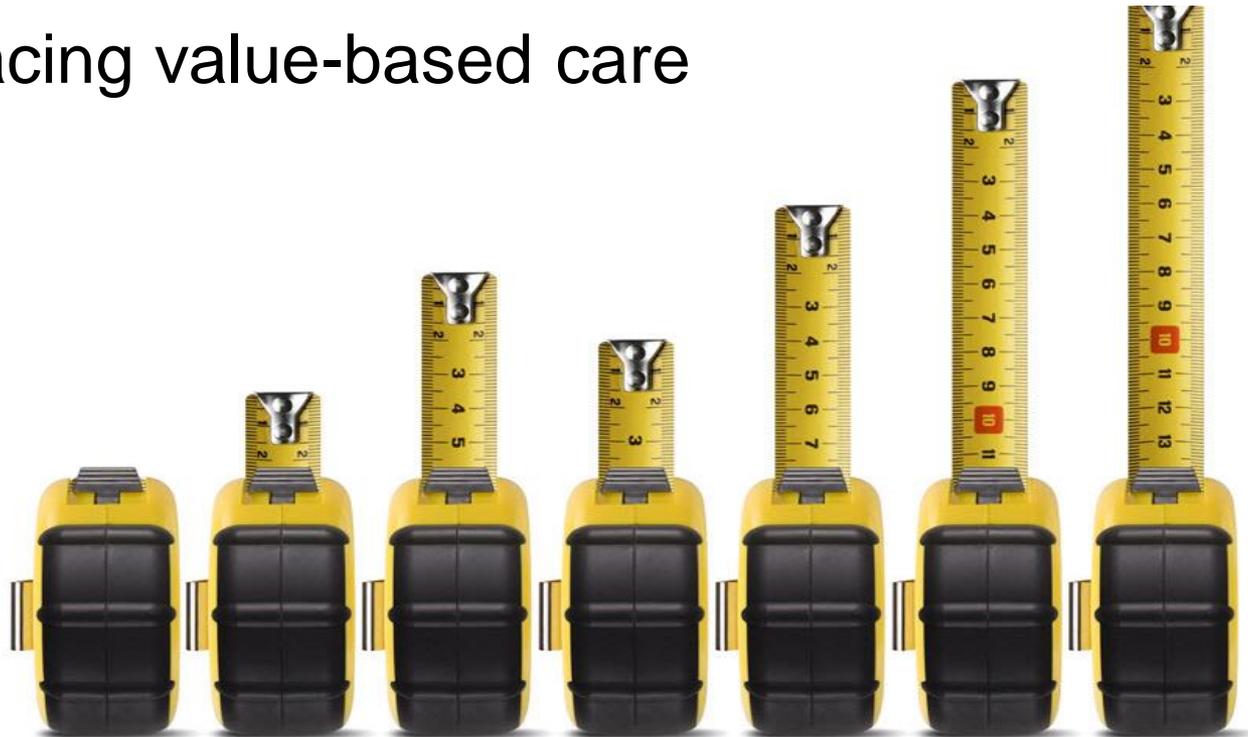
IOA Revenue Growth & Diversification



Note: All \$ numbers are in thousands

Developing Business Acumen

- Embracing value-based care



Developing Business Acumen



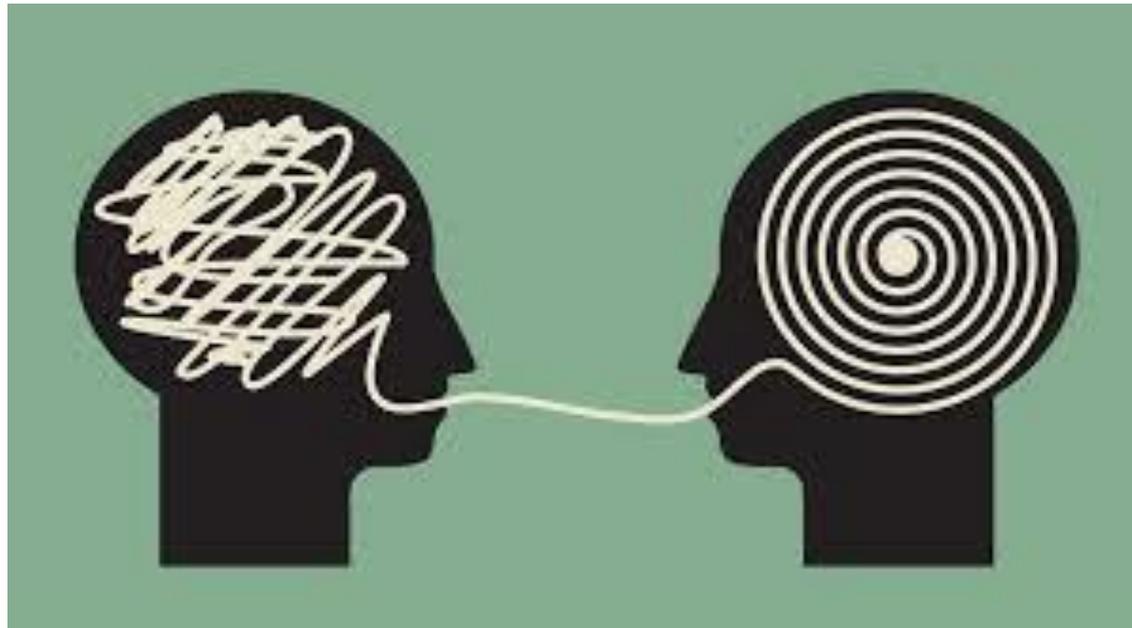
Developing Business Acumen

- Value of Linkage Lab / Aging & Disability Institute
- Talking to other CBOs – provide framework for org readiness



Developing Business Acumen

Code-switching and why it matters



Case Study #1 – Community Living Solutions

- Origin & Key Stakeholders



City and County of San Francisco
Department of Aging and Adult Services



Community Living Solutions

What it is

- Capacity building initiative; increasing supply of alternatives to long-term care placement (primarily for Medicaid population)
- Intensive nursing home transitions / diversions care model ensuring successful community placements through enhanced care management and in-lieu of services

Community Living Solutions

Origin

- San Francisco, Community Living Fund and Diversion Community Integration Program (DCIP), launched in 2007
- Response to reduced SNF bed capacity and Disability Rights Settlement Agreement
- More than 2,000 individuals served to date

Community Living Solutions

Adapted to Medi-Cal Managed Care

- Health Plan of San Mateo, 1st CA MCO to develop CLS model (Community Care Settings Program)
- Shortage of SNF beds, estimated 15-25% of LTC population more appropriate for lower levels of care
- Opportunity to demonstrate total cost of care savings (40% PMPM), with better or comparable health outcomes to LTC population

Key Outcomes



35% PMPM Total Cost of Care Reduction



30% Reduction in Hospital Admissions



93% Placement Retention Rate

https://www.chcs.org/media/Community-Care-Settings-Pilot_121119.pdf

On the Horizon: CalAim



Case Study #2 – Support @ Home

- Origin & Key Stakeholders



City and County of San Francisco
Department of Aging and Adult Services



University of California
San Francisco



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Support @ Home

What it is

- Non-medical caregiving voucher program for the 'lower-middle income' (above Medicaid eligibility, below median income)
- Voucher and client co-pay amounts determined by functional and financial needs
- Beneficiaries choose to administer voucher in independent provider mode or agency mode

Support @ Home

Origin

- Significant gap in access to LTSS resources for population due to lack of affordability
- Creates perverse incentive to ‘spend down’ to become eligible for Medicaid

Support @ Home

Hypothesis

- Identified Problem: Gap in access to LTSS services negatively affecting health outcomes for 'lower-middle income' population.
- Test: Can providing low doses of homecare demonstrate an improvement on health outcomes? Can cost savings from improved health outcomes justify expansion of services?

Key Outcomes



Decreased Client/Caregiver Financial Stress



Reduction in Hospital Admissions, ED Visits



Cost Savings > Cost of Intervention

Key Outcomes

Table 25. Number of hospitalizations in prior 3 months

	Enrollees of S@H		Comparison group	
	Initial assessment	Most recent report	Initial survey	Most recent survey
Number of hospitalizations				
0	61.5%	83.3%	54.0%	56.8%
1	25.1%	11.1%	20.7%	21.6%
2	9.2%	3.3%	6.9%	16.2%
3	2.1%	2.2%	11.5%	5.4%
4	0.7%	0.0%	2.3%	0.0%
5 or more	1.4%	0.0%	1.2%	0.0%
Number of cases	283	180	87	37
Matched pair test of mean number of hospitalizations				
Mean hospitalizations	0.43	0.24	0.67	0.72
Difference	-0.19		0.06	
Statistically significant?	Yes (p=0.005)		No (p=0.78)	
Matched pair test of zero hospitalizations				
Percent with no hospitalizations	68.3%	83.3%	67.6%	56.8%
Difference	0.15		-0.11	
Statistically significant?	Yes (p<0.001)		No (p=0.25)	

<https://healthforce.ucsf.edu/publications/evaluation-san-francisco-support-home-program-year-two-report>

Key Outcomes

Table 42. S@H Voucher payments and enrollee copayments for home care services, monthly values, current and discharged enrollees (277 enrollees included, data not weighted for varying numbers of months of service for each enrollee)

	Voucher payments	Enrollee Copayments
Number of monthly payments made	960	
Number of biweekly payments made	2,081	
Average per enrollee per month	\$579.50	\$227.56
25 th percentile per enrollee per month	\$320.67	\$114.00
Median per enrollee per month	\$542.53	\$173.33
75 th percentile per enrollee per month	\$693.00	\$331.50
Total cumulative to date	\$1,112,901	\$437,028
Net Voucher payments to date	\$675,872	
Percentage of total vouchers paid through copayments	39.3%	

<https://healthforce.ucsf.edu/publications/evaluation-san-francisco-support-home-program-year-two-report>

On the Horizon: Support @ Home





Thank you!

Contact info:

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Learn More About the Business Institute

Visit our website to learn more about the Business Institute:
aginganddisabilitybusinessinstitute.org



Still have questions? Email us:
BusinessInstitute@n4a.org



Stay up-to-date on our events calendar. New webinars added regularly:
aginganddisabilitybusinessinstitute.org/events



Stay connected, sign up for our bi-monthly newsletter:
<http://eepurl.com/gg2JGL>

Please join us for future webinars in the Aging and Disability Business Institute Series

**“Integrating Health and Social Care to Improve
the Nation’s Health: An Interdisciplinary
Committee’s Consensus Findings and
Recommendations”- January 29, 2020**

Learn more and pre-register here:

<http://www.asaging.org/series/109/aging-and-disability-business-institute-series>



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