Developing Alternatives to Long-Term-Care Placement

Institute on Aging
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
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.
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

- Dementia
- Caregiving
- Social Isolation & Loneliness
- Alternatives to Long Term Care
# Primary Service Lines

<table>
<thead>
<tr>
<th>Dementia</th>
<th>Caregiving</th>
<th>Social Isolation &amp; Loneliness</th>
<th>Alternatives to Long Term Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Day Services</td>
<td>Non-Medical Homecare</td>
<td>Friendship Line</td>
<td>PACE</td>
</tr>
<tr>
<td>Dementia Ecosystem</td>
<td><em>Support @ Home</em></td>
<td>Elder Abuse Prevention</td>
<td>Community Living Solutions</td>
</tr>
</tbody>
</table>

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**Aging and Disability Business Institute**  
Connecting Communities and Health Care

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**ASA American Society on Aging**  
advocacy | action | answers on aging
IOA Revenue Growth & Diversification

Revenue Trend

<table>
<thead>
<tr>
<th>Gross Revenue</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
<th>FY19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$33,397.7</td>
<td>$38,816.5</td>
<td>$45,327.3</td>
<td>$49,971.8</td>
<td>$58,761.9</td>
</tr>
</tbody>
</table>

- Client Revenue
- Grants & Donations
- Health Plan & Hospital System
- Non-Operating Income & Unrealized/Realized Gain/loss
- PACE
- Government Contracts
- Other Revenue

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
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
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
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**

<table>
<thead>
<tr>
<th>Number of hospitalizations</th>
<th>Enrollees of S@H Initial assessment</th>
<th>Most recent report</th>
<th>Comparison group Initial survey</th>
<th>Most recent survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>61.5%</td>
<td>83.3%</td>
<td>54.0%</td>
<td>56.8%</td>
</tr>
<tr>
<td>1</td>
<td>25.1%</td>
<td>11.1%</td>
<td>20.7%</td>
<td>21.6%</td>
</tr>
<tr>
<td>2</td>
<td>9.2%</td>
<td>3.3%</td>
<td>6.9%</td>
<td>16.2%</td>
</tr>
<tr>
<td>3</td>
<td>2.1%</td>
<td>2.2%</td>
<td>11.5%</td>
<td>5.4%</td>
</tr>
<tr>
<td>4</td>
<td>0.7%</td>
<td>0.0%</td>
<td>2.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td>5 or more</td>
<td>1.4%</td>
<td>0.0%</td>
<td>1.2%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Number of cases</td>
<td>283</td>
<td>180</td>
<td>87</td>
<td>37</td>
</tr>
</tbody>
</table>

**Matched pair test of mean number of hospitalizations**

<table>
<thead>
<tr>
<th></th>
<th>Initial assessment</th>
<th>Most recent report</th>
<th>Comparison group Initial survey</th>
<th>Most recent survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>0.43</td>
<td>0.24</td>
<td>0.67</td>
<td>0.72</td>
</tr>
<tr>
<td>Difference</td>
<td>-0.19</td>
<td></td>
<td>0.06</td>
<td></td>
</tr>
<tr>
<td>Statistically significant?</td>
<td>Yes (p=0.005)</td>
<td>No (p=0.78)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Matched pair test of zero hospitalizations**

<table>
<thead>
<tr>
<th></th>
<th>Initial assessment</th>
<th>Most recent report</th>
<th>Comparison group Initial survey</th>
<th>Most recent survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent with no hospitalizations</td>
<td>68.3%</td>
<td>83.3%</td>
<td>67.6%</td>
<td>56.8%</td>
</tr>
<tr>
<td>Difference</td>
<td>0.15</td>
<td>-0.11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statistically significant?</td>
<td>Yes (p&lt;0.001)</td>
<td>No (p=0.25)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[https://healthforce.ucsf.edu/publications/evaluation-san-francisco-support-home-program-year-two-report](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)

<table>
<thead>
<tr>
<th></th>
<th>Voucher payments</th>
<th>Enrollee Copayments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of monthly payments made</td>
<td>960</td>
<td></td>
</tr>
<tr>
<td>Number of biweekly payments made</td>
<td>2,081</td>
<td></td>
</tr>
<tr>
<td>Average per enrollee per month</td>
<td>$579.50</td>
<td>$227.56</td>
</tr>
<tr>
<td>25th percentile per enrollee per month</td>
<td>$320.67</td>
<td>$114.00</td>
</tr>
<tr>
<td>Median per enrollee per month</td>
<td>$542.53</td>
<td>$173.33</td>
</tr>
<tr>
<td>75th percentile per enrollee per month</td>
<td>$693.00</td>
<td>$331.50</td>
</tr>
<tr>
<td>Total cumulative to date</td>
<td>$1,112,901</td>
<td>$437,028</td>
</tr>
<tr>
<td>Net Voucher payments to date</td>
<td>$675,872</td>
<td></td>
</tr>
<tr>
<td>Percentage of total vouchers paid through copayments</td>
<td>39.3%</td>
<td></td>
</tr>
</tbody>
</table>
On the Horizon: Support @ Home
Any Questions
Thank you!

Contact info:
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dharper@ioaging.org
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

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aginganddisabilitybusinessinstitute.org/events

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http://eepurl.com/gg2JGL
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“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: