

Testimony Choices for Care
Health Care Oversight Committee
October 3, 2013
Susan Wehry, Commissioner
Department of Disabilities, Aging and Independent Living

Update on use of savings

The parameters governing the reinvestment of choices for care savings are clearly described in 2013 Acts and Resolves No. 50, Sec. E.308

The Department submitted its report on the adequacy of the choices for care provider system on October 1, 2103 as required by Act 50, Sect E.308 (c)

Based on that assessment and the directives of ACT 50, the Department is focusing its reinvestment spending plan in three major areas

1. Ensuring capacity within the Choices for Care waiver to continue support for rebalancing. This will allow us to
 - Prioritize services for individuals designated as high/highest
 - Meet the terms and conditions of the waiver
 - Prioritize home and community based services
 - Mitigate the risk of a wait list for high needs individuals
2. Address inadequacies in the moderate needs group in two key areas
 - Service Limitations: The current program structure limits services to case management, homemaker and adult day. As reported last time, DAIL is developing a flexible funding service option
 - Access: Both Home Health and Adult Days report limitations in their ability to meet the needs of moderate needs individuals for a number of different reasons including current allocation caps and transportation. We are meeting with both groups to determine the best solution(s) to address these issues.
3. Sustainability Sec. E.308 (b) (2) states *...Savings either shall be allocated and spent in ways that are sustainable into the future and that do not create an unsustainable base budget or shall be spent as one-time reinvestments that do not require sustainability into the future.* We are developing our plan to reflect this mandate.

The Department continues to receive suggestions for spending in other areas including a workforce development task force

Steps being taken to address moderate needs group needs in advance of the BAA spending plan.

Continue to meet with representatives from Adult Days (Sept. 30) and Home Health (Oct 4) to refine our mutual understanding of the barriers to meeting the need and to discuss plans for re-allocation in early 2014

Excerpt from Act 50

CHOICES FOR CARE; SAVINGS, REINVESTMENTS, AND
SYSTEM ASSESSMENT

(a) In the Choices for Care program, “savings” means the difference between the annual amount of funds appropriated for Choices for Care excluding allocations for the provision of acute care services, and the sum of expended and obligated funds remaining at the conclusion of the fiscal year.

(b)(1) Any funds appropriated for long-term care under the long-term care waiver authorized by this section shall be used for long-term services and supports to recipients. In using these funds, the Department of Disabilities, Aging, and Independent Living shall give priority for services to individuals assessed as having high and highest needs and meeting the terms and conditions of the waiver as approved by the Centers for Medicare and Medicaid Services.

(2) Priority for the use of any savings from the long-term care appropriation after the needs of all individuals meeting the terms and conditions of the waiver have been met shall be given to home- and community-based services. Savings may be used for quality improvement purposes in nursing homes. Savings either shall be allocated and spent in ways that are sustainable into the future and that do not create an unsustainable base budget or shall be spent as one-time reinvestments that do not require sustainability into the future. ...

(c) The Department in collaboration with long-term care providers shall conduct an annual assessment of the adequacy of the provider system for delivery of home- and community-based services and nursing home services. On or before October 1 of each year, the Department of Disabilities, Aging, and Independent Living shall report the results of this assessment to the House Committees on Appropriations and on Human Services and to the Senate Committees on Appropriations and on Health and Welfare for the purpose of informing the reinvestment of savings during the budget adjustment process.

(d) Annually on or before January 15, the Department of Disabilities, Aging, and Independent Living shall propose reinvestment of savings as calculated pursuant to this section to the General Assembly as part of the Department’s proposed budget adjustment presentation.

	Sources of data/information in determining adequacy of current CFC provider system							
Provider/service	<u>Consumer Survey</u>	<u>Unspent MNG \$</u>	<u>Waiting list</u>	<u>LTCO complaints</u>	<u>ASD quality reviews</u>	<u>APS complaints</u>	<u>DLP survey/certification</u>	<u>DAIL complaints</u>
Adult Day	✓	✓	✓	✓	✓	✓		✓
Adult Family Care	tbd			✓	✓	✓		✓
Assisted Living				✓		✓	✓	✓
Assistive Devices				✓		✓		✓
Case Management	✓			✓	✓	✓	HHA only	✓
Companion Care				✓	✓	✓		✓
Enhanced Residential Care Homes	tbd			✓		✓	✓	✓
Home Health Agency				✓	✓	✓	✓	✓
Home Modifications				✓	✓	✓		✓
Homemaker	✓	✓	✓	✓	✓	✓	✓	✓
Nursing Homes	"My Innerview"			✓		✓	✓	✓
Personal Care	✓			✓	✓	✓	HHA only	✓
Personal Emergency Response Systems				✓	✓	✓		✓
Respite Care				✓	✓	✓	HHA only	✓

Status	Target	Gross	General Fund	1-time
Approved JFC	increase funding for AAA nutrition (home delivered and cong meals): current figures \$170k offset sequestration, \$40k targeted initiatives	482,094	210,000	yes
Pnd	HASS	50,505		yes
Pnd	HCBS rebalancing	TBD		no
Pnd	MNG	TBD		no