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HealthVoices

Home and Community-Based Services: A Robust, Rational and Ready System for Georgians

Issue 3, 2007

A robust system means trained caregivers providing quality care.

A rational system means access to a coherent set of high quality services.

A ready system means engaging all stakeholders now to realign the system.

In FY 2006, Georgia spent 70 percent of its Medicaid Long-term Care funds on nursing home care and only 30 percent on home and community-based services.

"For me to go to the grocery store, or work, or go to church, I need help getting out of bed and into my wheelchair, getting dressed and a few other basic things; how can I get help and not have to move to a nursing home?"

"We are getting too old to keep caring for our daughter who has developmental disabilities; where can she live in the neighborhood? Who will help her cook and clean and get to the bus? How can we feel confident that she will be okay when we are gone?"

"My mom is getting dementia, but my family wants to find a way to keep her at home; who can I talk with about this?"

Most Georgians will face questions like these at some time in their life.

Providing home and community-based services (HCBS) to serve the elderly and people with disabilities – now and in the future – is one of the major health and social challenges confronting Georgians.

This policy brief summarizes the findings of a review of HCBS in Georgia conducted in 2006 by Ann Rosewater in collaboration with the Georgia State University School of Social Work, with support from Healthcare Georgia Foundation. The brief identifies important innovations that would enhance access to quality, affordable home and community-based services and contribute to creating a more robust and responsive long-term care system.

Demographic Trends

Demographic shifts and consumer preferences are driving the need for a more robust, rational and ready system of HCBS nationally and in Georgia. Georgia's population is aging; there are significant numbers of people with disabilities. A few key facts:

- By 2025, 17 percent of Georgia's population will be over 65 years of age.[1]
- The fastest growing populations are the oldest, frailest, those with the lowest income and limited education and those with chronic conditions.[2]
- Nearly 20 percent of Georgians currently have a cognitive, developmental or physical disability.[3]
- More than 9 percent of persons 16 years old or older have some difficulty going out of their home.[4]

Home and Community-Based Services

Consumer Preferences Don't Match Available Services

Both the elderly and people with disabilities value their independence and want to be self-sufficient. They prefer to live at home. Children with special needs, most of whom have completed education in mainstream settings, expect to live independently in the community when they are adults. Yet, many of their parents, who are now older, can no longer care for them at home.

Like most states, Georgia has three basic options for long-term care: skilled nursing facilities, assisted living (including personal care homes), and home and community-based services. Nursing homes and personal care homes are concentrated in urban and metropolitan areas in Georgia with all types of services, including home-based care, less available in rural areas.[5] In FY 2006, Georgia spent 70 percent of its Medicaid Long-term Care funds on institutional nursing home care and only 30 percent on home and community-based services.[6]

This reliance on nursing homes does not reflect consumer preferences or the evidence that quality services can be provided at affordable cost at home and in community settings. Health services research confirms that, for people with disabilities and seniors, quality services can be provided without compromising health and safety outcomes by someone they employ rather than going through an intermediary agency.[7] A 2004 study by the Georgia Health Policy Center found that Medicaid costs for HCBS were lower than nursing home costs, even after adjusting for severity of illness. Community-based services were also more effective in preventing hospital admissions.[8]

Fragmented Services and Financing Inadequate to Meet Needs

HCBS are financed through multiple programs, referred to as "waiver programs," supported by Medicaid. Most programs maintain extensive waiting lists; the "wait" can be as long as a few years. Clients must have medical and personal care needs requiring nursing home services before qualifying for HCBS and most programs serve only low income clients. Each waiver program has different eligibility requirements, uses a different application, assessment process, and provider network, and is administered by a different state agency.

Figure 1 summarizes current programs in Georgia. The system is very complex and inefficient, creating enormous challenges for seniors and persons with disabilities who need HCBS.

Quality of Services Depends on Trained Workforce

The quality of HCBS is highly dependent on the availability of a qualified, trained and supported workforce. Most caregivers are not certified and receive only the most basic training. Compensation is low, benefits are rare, and turnover is high. Informal caregivers, e.g., family, friends, neighbors, and volunteers, continue to provide the bulk of care, often foregoing jobs and jeopardizing their own health. Moving from home to institution to hospital and back again exacerbates health problems for seniors and people with disabilities, by disrupting ongoing management of chronic conditions and adherence to medications. Because quality of care depends on reliable, trusted caregiver-consumer relationships, programs and policies are needed to ensure the development of a skilled, stable workforce.

Figure 1: Major Home and Community-based Care Programs in Georgia, 2006

PROGRAMS	ELIGIBLITY	AGENCY
Community Care Services Program (CCSP)	Elderly and/or functionally impaired or disabled; institutional level of care; 225% FPL	DHR/Division on Aging Area Agencies on Aging
Mental Retardation Waiver Program (MRWP)	Persons with mental retardation or developmental disability; institutional level of care	DHR/Division on Developmental Disabilities DHR Regional Offices
Community Habilitation and Support (CHSS)	Persons with mental retardation or developmental disability; institutional level of care	DHR/Division on Developmental Disabilities DHR Regional Offices
Service Options Using Resources in a Community Environment (SOURCE)	Frail elderly and persons with disabilities; SSI eligible; institutional level of care	Department of Community Health
Independent Care Waiver Program (ICWP)	Medicaid recipients between 21-64 years old with severe physical disabilities, including traumatic brain injuries; institutional level of care	Department of Community Health

Source: Georgia Department of Community Health, 2006

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Innovations Nationally and in Georgia

Other states and communities are experimenting with programs to improve HCBS. For example, Arizona has one long-term care system for seniors and people with disabilities, based on capitated payments with services based on need.[9] The Iowa legislature revamped their system in 2006 to emphasize the ability of people with disabilities to exercise their own choices about the amount and types of services received.[10] Wisconsin has made efforts to integrate their Medicaid and Medicare financing for long-term care.[11] A number of states and communities have improved worker retention, strengthened caregiver expertise and are building career pathways for caregivers. Georgia, along with 14 other states, recently received federal resources to institute *Money Follows the Person*, previously tested in Texas and Kansas, to transition more individuals living in nursing homes to community living with appropriate services and supports.

Strategies to Advance Home and Community-Based Services

What would a robust, rational and ready system of home and community-based care look like? A robust system has a sufficient supply of trained caregivers to provide quality care. A rational system provides a coherent set of high quality services, access to them and clear information about the choices available. A ready system engages all stakeholders in anticipating future needs and preparing appropriately for them. Changes in each of these areas would benefit consumers across all age and disability groups and would strengthen the system as a whole. Examples of the opportunities:

Toward Robustness

- Test models of caregiver teams and caregiver-consumer teams to strengthen continuity of care and consumer/caregiver satisfaction.
- Create incentives for caregivers to gain certification and advanced training.
- Expand partnerships between public health agencies and HCBS providers to reduce obesity, diabetes and smoking among caregivers and consumers.

Toward Rationality

- Build information systems that are fully accessible to seniors, people with disabilities, and caregivers.
- Develop performance criteria for disease management and administrative service organizations that recognize consumer preferences, reduce unnecessary emergency hospitalizations, and improve continuity and quality of services.
- Create systems for reporting to the public on the performance of organizations providing HCBS and the quality of services they provide.

Toward Readiness

- Provide incentives for communities to create caregiver networks, retention plans and training capacity through partnerships with community organizations and technical schools, community colleges, and universities.
- Prepare students with disabilities and their families for independent living after completing high school.
- Engage civic organizations, faith community, schools, businesses and other stakeholders in community long-term care plans that emphasize creating an environment for seniors and people with disabilities to live longer and live well in the community with appropriate support services.

Conclusions

Enabling the growing population of seniors and people with disabilities to participate as productively as possible in community life requires full engagement of all stakeholders – state government, business, labor and the philanthropic sectors, providers, caregivers and volunteers, the faith community, schools and institutions of higher education, and most importantly, families and consumers. Leadership and commitment of all stakeholders will be needed to realign services to meet consumer needs and preferences, build the capacity of the workforce, and rationalize financing systems for HCBS. By investing in a more robust and rationale long-term care system, Georgia will not only be using its resources more efficiently, but the state will be ready to meet the growing demand for quality, affordable, home and community-based services.

Stakeholder Perspectives on HCBS

- ***Public:*** seek more choice and more slots for community care
- ***Government:*** restrain costs of long term care
- ***Direct care workers:*** seek better wages and benefits
- ***Family caregivers:*** need support and respite
- ***Persons with disabilities:*** view HCBS as central to self-sufficiency
- ***Seniors:*** view HCBS as a point on a continuum to delay nursing home care

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Recommended Citation:
HealthVoices: "Home and Community-based Services: A Robust, Rational and Ready System for Georgians," Healthcare Georgia Foundation, Publication #20, July 2007

Healthcare Georgia Foundation is a statewide, private independent foundation whose mission is to advance the health of all Georgians and to expand access to affordable, quality healthcare for underserved individuals and communities.

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Endnotes

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2 Ibid

3 Source: U.S. Department of Commerce, Census Bureau. Census 2000 Summary File 3.

4 Ibid

5 Landers et al, 2005.

6 Source: Judy Hagebak, Director of Aging and Community Services, Georgia Department of Community Health

7 Source: Penny Hollander Feldman, PhD., Vice President, Research and Evaluation and Director, Center for Home Care Policy and Research, Visiting Nurse Service of New York, August 8, 2006.

8 Georgia Health Policy Center, "Comparative Assessment of Cost and Care Outcomes Among Georgia's Community Based and Facility Based Long-Term Care Programs, Final Report on Long-Term Care Partnership Study 1: Objective 1." Andrew Young School of Policy Studies, Georgia State University, September 15, 2004.

9 Available at: http://www.ahcccs.state.az.us/Services/Programs/ALTCS.asp accessed July 11, 2007

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11 Available at: http://dhfs.wisconsin.gov/aging/ accessed July 11, 2007

Acknowledgements

We appreciate the many Georgia and national experts in home and community-based services who contributed to this review, especially those who participated in the forum in September 2006: Linda Brazeay, Visiting Nurse Health System; Lauri S. Hunter and Tess Hailes, Consumer/Caregiver Team; Hunter Hurst, St. Joseph's/Candler's Georgia Infirmary, Inc.; Nancy Kropf, Georgia State University School of Social Work; Linda Smith Lowe, Georgia Legal Services Program; Kathleen Murphy; Patricia D. Nobbie, Governor's Council on Developmental Disabilities; Victoria Phillips, Emory University Rollins School of Public Health; Ashley Rhinehart, disABILITY Link; Chris Rosenbloom, Georgia State University College of Health and Human Sciences; Frank Whittington, Georgia State University Gerontology Institute; James Wolk, Georgia State University School of Social Work.

Special thanks to Amy Hall at Healthcare Georgia Foundation for her assistance in preparing this brief.

HealthVoices is published periodically by Healthcare Georgia Foundation as an educational service to Georgians interested in health policy.

HealthVoices is available online at www.healthcaregeorgia.org. For further information, please contact Martha Katz, Director of Health Policy, 404.653.0990 or mkatz@healthcaregeorgia.org.

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