Forum 50 YEARS+
EXTENDED CARE SERVICES

WELCOME

BRIAN KRAMER

President & CEO

Asking a question is easy!

- About the topic being presented —
  - Click on the **Q&A** icon at the bottom of your screen
  - Type your question & hit Enter
  - Questions will be answered at the program's end, or offline if time runs out
- About technical issues or CE credit —
  - Click on the **Chat** icon at the bottom of your screen
  - Type your question & hit Enter
  - Our team will reply to your question right away

Housekeeping notes

- This webinar is being recorded for on-demand access later, after the series' conclusion
- To earn CE, you must attend the entire session
- **For those sharing a computer**
  - Complete a manual sign-in sheet before the program ends
  - Go to **Chat** to access the link for the sign-in sheet
  - Each participant must complete an evaluation to obtain CE credit
  - Instructions will also be emailed to the program registrant

Forum 50 YEARS+ EXTENDED CARE SERVICES

2023 WEBINAR SERIES

LTC at Home – What Senior Care Operators Need to Know

BRIAN KRAMER, RPH, MBA

LTC

Post Acute Care

Nursing Home

Assisted Living

Senior Housing

SNF

Memory Care

Supportive Living

Residential Care Home

CCRC

Alzheimer's Care

Residential Assisted Living

Sheltered Care

Group Home

Independent Living

CILA

Assisted Living

ICF

Community

Active Senior Living Retirement Communities

Family Care Homes

Adult Homes

Enriched Housing

“We are currently at a pivotal point in the nation's history of caring for the most frail and vulnerable. The way leaders respond to the horrific toll the pandemic has taken on nursing home residents will determine the future of nursing home care for years, possibly decades, to come.”

Released by The White House Briefing Room on FEBRUARY 28, 2022

FACT SHEET: Protecting Seniors by Improving Safety and Quality of Care in the Nation's Nursing Homes

The President is committed to ensuring that all Americans, including older Americans and people with disabilities, live in a society that is accessible, inclusive, and equitable. To accomplish that goal, the Administration continues to be committed to home- and community-based services and ensuring that in no case should a health care facility be causing a patient harm.

What is LTC at Home?

Home-based long-term care includes health, personal, and support services to help people stay at home and live as independently as possible for as long as possible.

What is LTC at Home?

Home-based long-term care includes health, personal, and support services to help people stay at home and live as independently as possible for as long as possible.

What is LTC at Home?

What are Long-Term Services and Supports (LTSS)?

Individuals with functional and/or cognitive frailty often need assistance with everyday activities such as bathing, dressing, managing medications, and managing finances. These are referred to as **long-term care (LTC) needs**, and the services that provide this assistance are referred to as long-term services and supports, or LTSS. Individuals with LTC needs live at home, in the community in residential settings (like assisted living), or in institutional facilities.

What is LTC at Home?

What ar
Services
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As many as 70 percent of individuals who reach age 65 will experience severe LTC needs before they die.

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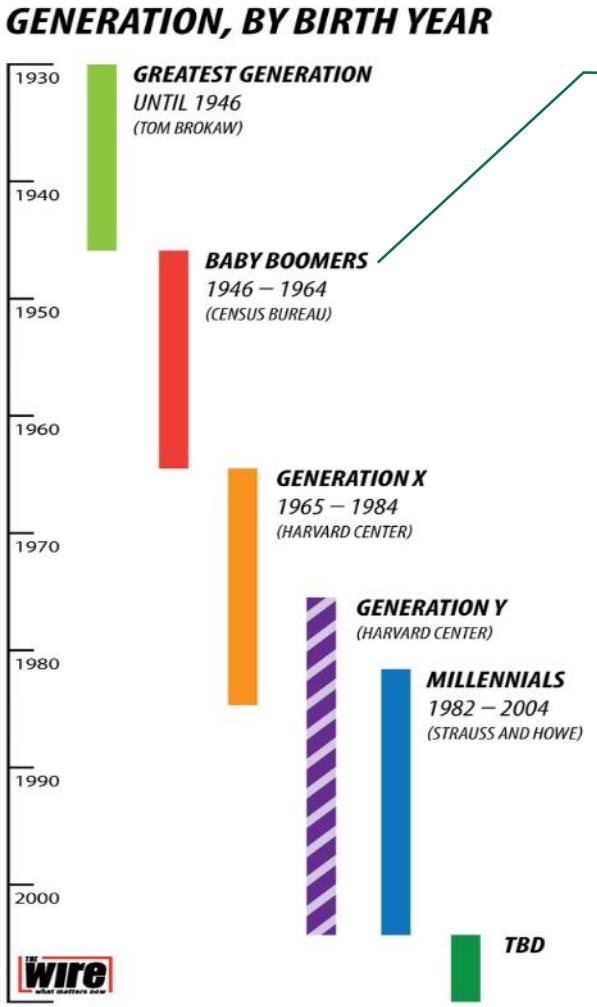
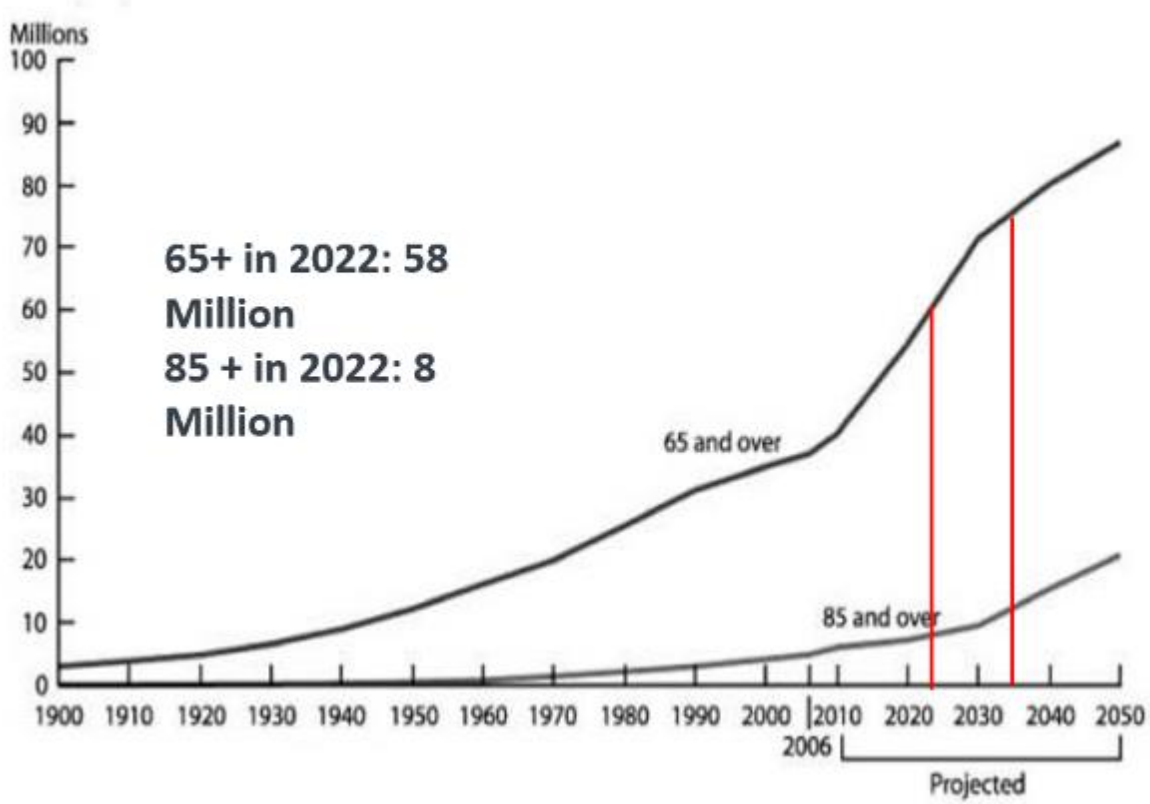
Demographics



By 2034 all Baby Boomers will be over the age of 70

75-80 Million Lives

Demographics



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Demographics

Jan 27, 2022

1,347,600 people in "nursing homes"

811,500 people residing in assisted living facilities.

Demographics

75%

Or 3 Million Medicare beneficiaries with LTC needs live at home and in the community ("community-dwelling")

65%

of community-dwelling Medicare beneficiaries with LTC needs take 10+ prescriptions per year

59%

community-dwelling Medicare beneficiaries with LTC needs have cognitive impairment

ATI Advisory & SCPC - Expanding Long-Term Care Pharmacy in Home and Community-Based Settings: Understanding and Addressing the Barriers, October 2021

Demographics

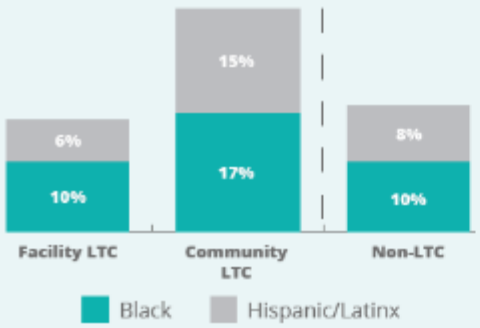
Medicare Beneficiaries with LTC Needs are Demographically Different from those without LTC Needs

+4M
Medicare beneficiaries have long-term care (LTC) needs

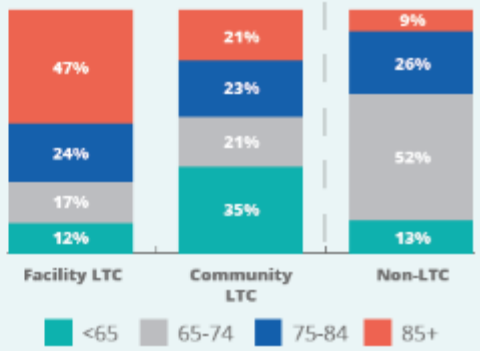
~75%
of Medicare beneficiaries with LTC needs **live at home and in the community**

Compared to Medicare beneficiaries without LTC needs, Medicare beneficiaries with LTC needs are:

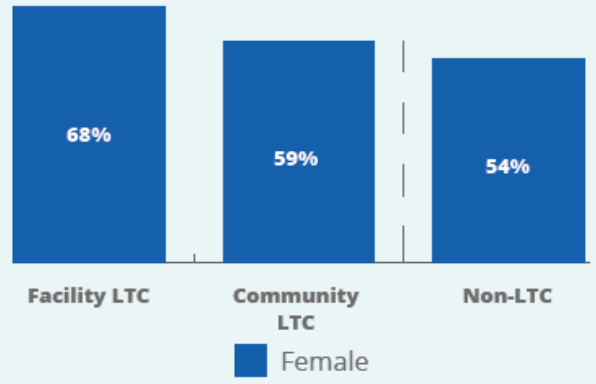
More likely to be Black or Latinx (community)



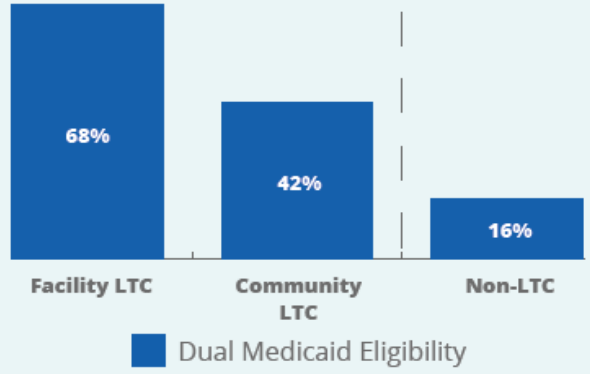
More likely to be 85+ (all settings) **or <65 years old** (community)



More likely to be female (all settings)



More likely to be dually eligible for Medicaid (all settings)

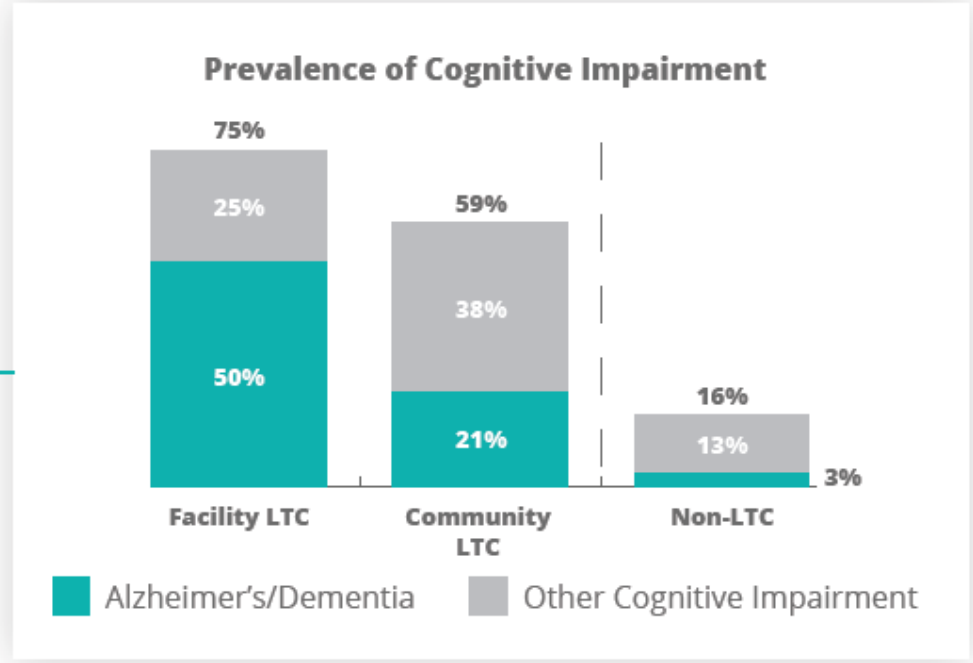


Demographics

Medicare Beneficiaries with LTC Needs are Clinically Complex

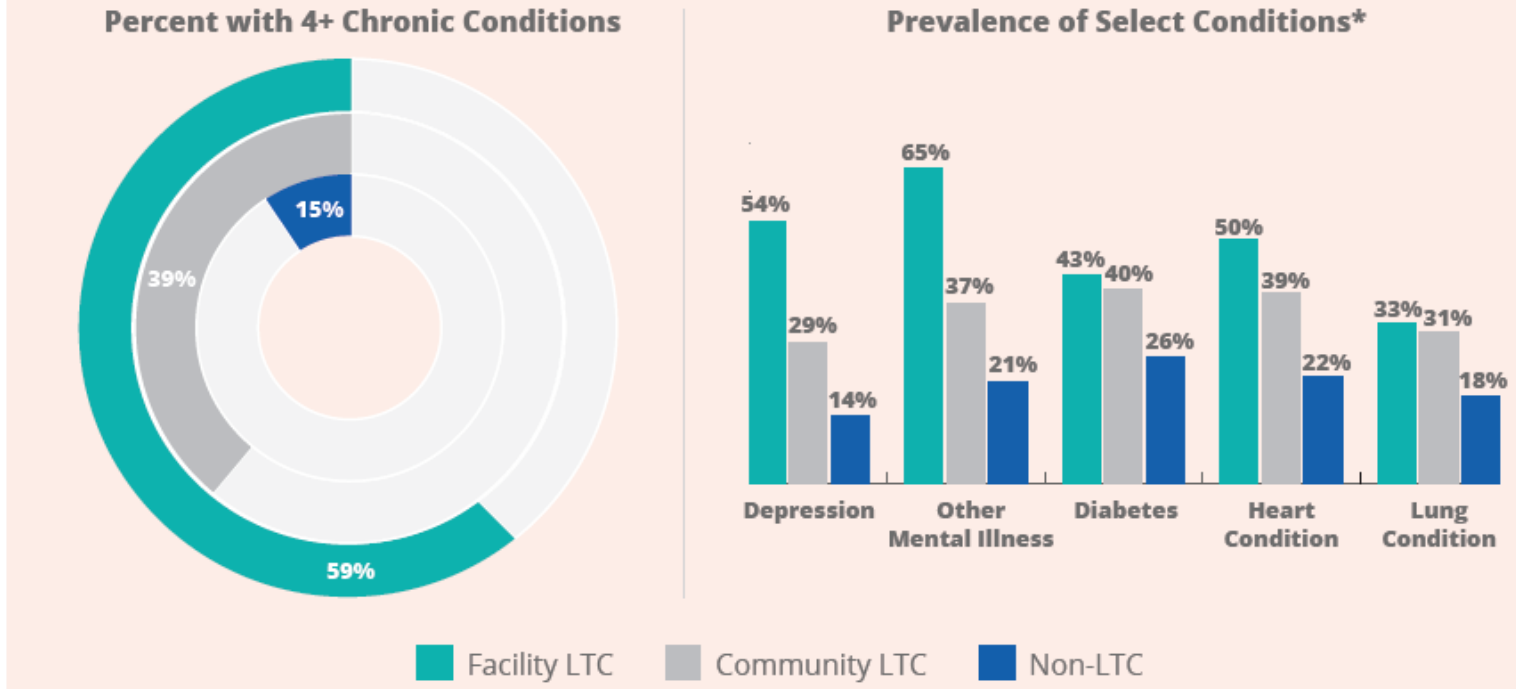
Medical and functional frailty often co-occur, and beneficiaries with LTC needs have **higher clinical complexity than those without LTC needs**.

The majority of Medicare beneficiaries with LTC needs have cognitive impairment including Alzheimer's disease and other dementias.



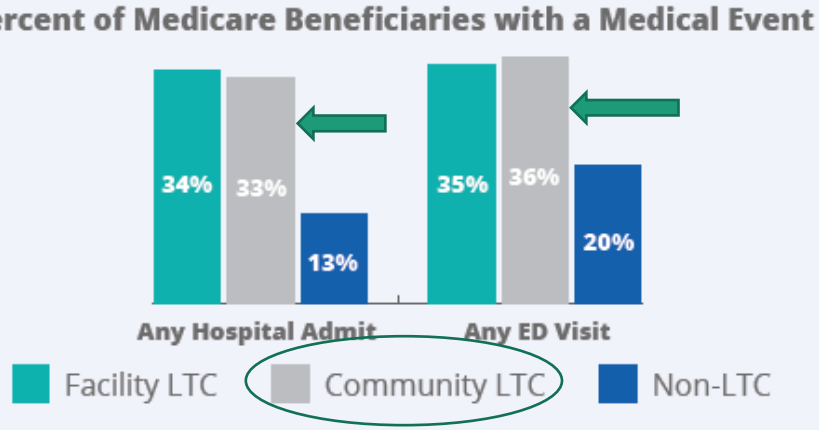
Demographics

Medicare beneficiaries with LTC needs have higher rates of mental and physical illness than beneficiaries without LTC needs.



Healthcare Utilization

Medicare beneficiaries with LTC needs are **more likely to have an inpatient hospital admission or emergency department (ED) visit** than beneficiaries without LTC needs.



Regardless of residence, Medicare beneficiaries with LTC needs have considerable medical and pharmacy complexity and require a more intense level of care, service integration, and care management than their non-LTC peers. This is reflected in their higher medical and prescription drug utilization compared to beneficiaries without LTC needs.

Healthcare and Prescription Drug Utilization is High Among Medicare Beneficiaries with LTC Needs

Healthcare and Prescription Drug Utilization is High Among Medicare Beneficiaries with LTC Needs

Medicare Spending

Total Medicare Part A and B medical **spending is 2x-3x higher** among beneficiaries with LTC needs than those without LTC needs.

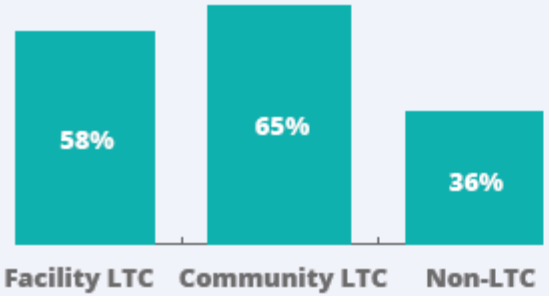
Facility LTC: **$27,317** Community LTC: **$19,790** Non-LTC: **$7,472**

Total Medicare Part D drug **spending is nearly twice** as high among beneficiaries with LTC needs than those without LTC needs.

Facility LTC: **$6,327** Community LTC: **$6,311** Non-LTC: **$3,825**

Prescription Drug Utilization

Percent of Medicare Beneficiaries with 10+ Prescriptions per Year



- Medicare beneficiaries with LTC needs who reside in a facility or institutional setting average **12 prescriptions per year**.
- Those with LTC needs who live at home or in other community settings average **14 prescriptions per year**.
- This compares with **8 prescriptions per year** among Medicare beneficiaries without LTC needs.

Current HCBS Programs

- HCBS programs generally fall into two categories
  - **health services**
  - **human services**
- HCBS programs may offer a combination of both types of services and do not necessarily offer all services from either category

Current HCBS Programs

Health Services meet medical needs

Home health care, such as:

- Skilled nursing care
- Therapies: Occupational, speech, and physical
- Dietary management by registered dietician
- Pharmacy

Durable medical equipment

Case management

Personal care

Caregiver and client training

Health promotion and disease prevention

Hospice care (comfort care for patients likely to die from their medical conditions)

Current HCBS Programs

Human Services support daily living

- Senior centers
- Adult daycares
- Congregate meal sites
- Home-delivered meal programs
- Personal care (dressing, bathing, toileting, eating, transferring to or from a bed or chair, etc.
- Transportation and access
- Home repairs and modifications
- Home safety assessments
- Homemaker and chore services
- Information and referral services
- Financial services
- Legal services, such as help preparing a will
- Telephone reassurance

Benefits and Challenges of HCBS

Benefits

- Cost effectiveness: usually less than half the cost of residential care
- Culturally responsive: spiritual and cultural activities and support available
- Familiarity: patient enjoys the comfort of their own home or small residential facility in the community
- Can provide counseling or clergy to assist with bereavement
- Some waivers permit family members to be paid caregivers

Benefits and Challenges of HCBS

Challenges

- Access to providers
- Availability of qualified caregivers
- Caregiver burnout
- Lack of 24/7 medical professional availability
- Nonfamily caregivers may have limited access in remote locations, especially during winter
- Potential cultural bias or barriers in the acuity assessment process
- Skilled nursing care includes only medical services performed by a registered nurse. Other daily tasks fall primarily to family members
- Those needing care do not always want family members to act as their caregivers due to potential for abuse or financial manipulation

Program of All-Inclusive Care for the Elderly (PACE)

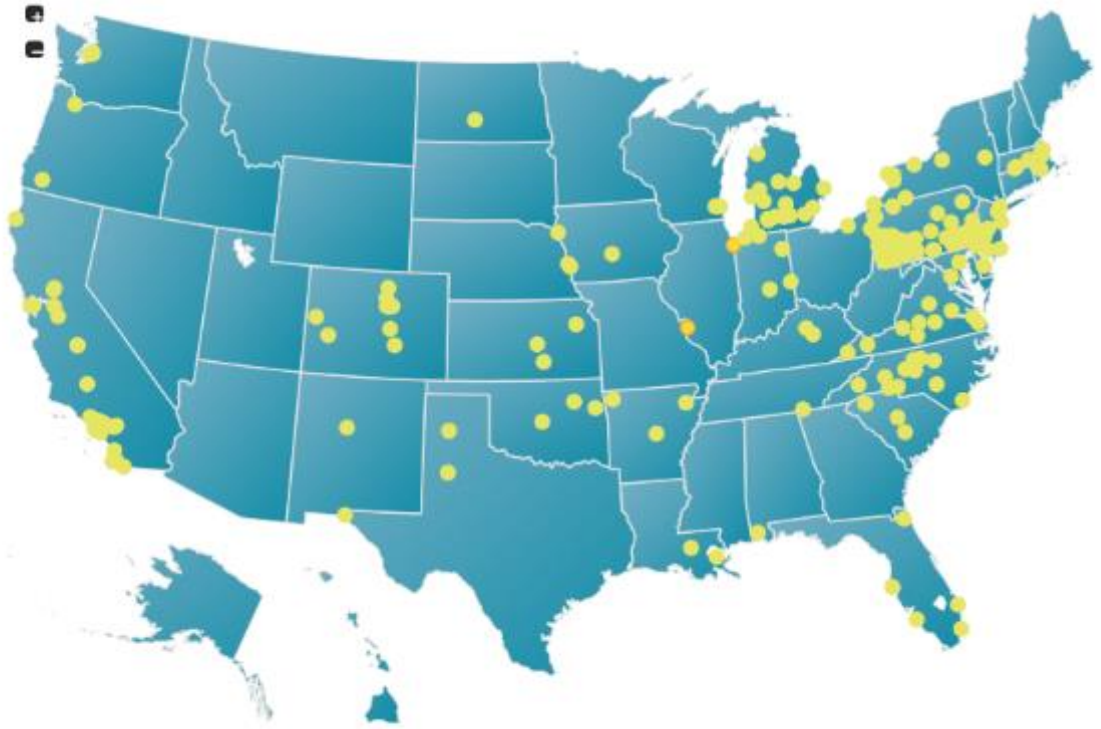
- Within individual states, HCBS care is provided by lead agencies and other service providers. A lead agency acts as the primary care coordinator for its region—for example, a county's department of human and social services
- CMS offers several national programs that can support certain types of HCBS in communities:
- **PACE** combines many services into one comprehensive program and often combines Medicare and Medicaid eligibility.

Illinois has been slow to participate in State, Federal or even Privately sponsored HCBS programs

Program of All-Inclusive Care for the Elderly (PACE)

Currently:

- 149 PACE programs
- operate 273 PACE centers
- in 32 states
- serving approximately 60,000 participants.



Illinois PACE Program

August 15, 2022, Governor Pritzker Announces Program of All-Inclusive Care for the Elderly to Expand Choices in Care for Illinois Seniors

https://www2.illinois.gov/hfs/SiteCollectionDocuments/GOPACELaunchPressRelease.pdf

PACE services are scheduled to begin in June 2024

Services for qualifying adults 55+include

- Holistic care planning
- Long term supports
- Therapies
- Medications
- Mental health care
- Hospital Care

Illinois PACE Program

Where will PACE be available in Illinois?

PACE will operate in five regions throughout Illinois.

These are:

- West Chicago
- South Chicago
- Southern Cook County
- Peoria
- East St. Louis

What Can You Do?

Be Proactive (look years down the road)

Think Outside of the Box

Assess Your “Facility” Based Services

“Partnerships”

Business Formation

Financial Viability

1600s and 1700s

When Europeans colonized North America in the 1600s, they brought their concept of **almshouses** with them.

If someone couldn't be taken care of by family or neighbors, then they were put in an institution that was locally-run by the county, village or other government entity

Almshouses hosted not only the oldest old, but also orphans, people with disabilities and those facing addiction or without homes. They provided shelter, daily meals and that's about it

1800s and Early 1900s

Almshouses continued as the main option for those without money or family, but toward the end of the 19th century, another model popped up. These were called **old age homes**.

Almshouses were considered acceptable places for people with alcoholism or mental illness, but not for the "worthy poor."

The "worthy poor" were differentiated by circumstances "not being their fault," like widows without skills to work and no other family.

Old age homes were operated by religious and ethnic organizations These old age homes usually had between 30 and 50 beds. For a modest fee, residents would get a roof over their heads and daily meals, as long as they could make their own beds and come down for breakfast each morning.

1930s

As the Great Depression worsened the financial circumstances for many Americans in the 1930s, there became more need for housing assistance than there was space for beds. Living conditions worsened in almshouses, leading to mass criticism and an outcry for something new.

This gave way to the passage of the Social Security Act in 1935, including the Old Age Assistance (OAA) program, which gave money to poor, individual elders to support them.

In a move to eliminate almshouses altogether, their residents were barred from receiving OAA money. So, almshouses emptied out and people instead went to private institutions like old age homes. Old age homes could now charge more and make a profit from residents' OAA funds.

ɨ Arundel County, Md. in the 1930s, history of nursing homes | Credit: H
ıgress)

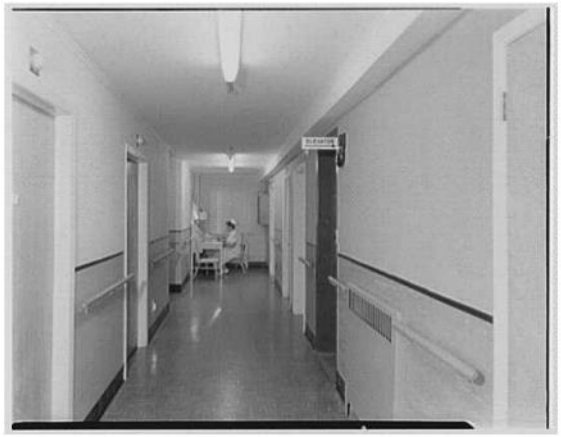
1940s & 50s

In 1946, Congress passed the Hill-Burton Act, which gave grants for nursing homes to be built in conjunction with hospitals and gave the government control over building and regulating them.

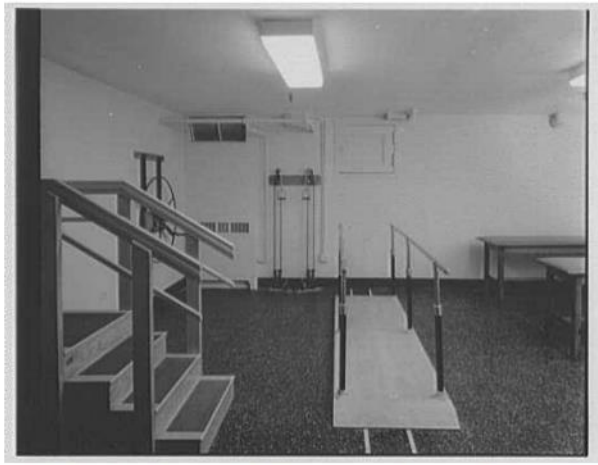
It was decided that facilities housing older people should focus on providing medical care, which moved nursing homes from the welfare system to the health care system.

The nursing homes built in the '50s, much like today, were really built along the lines of hospitals — no doctors — but they looked just like hospitals. “As federal nursing homes sprang up, some of the old age homes became subject to investigations because they were considered unsafe and not up to health standards.

In rectifying the deficiencies, they sacrificed the homey atmosphere. The mom-and-pop institutions of the nineteenth century were gone. “How to remedy them? Why not build it like a hospital?"



Hallway corridor to nurses desk at Windsor Park Nursing Home, Jamaica, NY, 1957. | Credit: Gottscho-Schleisner Collection, Library of Congress



1960s

With the passage of Medicare and Medicaid as amendments to the Social Security Act in 1965, there was more opportunity than ever for people to go into business in the nursing home industry. Medicaid paid for residential long-term care for people with low incomes.

There were more incentives to build nursing homes because Medicaid was paying for it.

1970s

By the mid-1970s, the number of nursing homes in the U.S. grew by 140%, and their revenues rose 2,000%. While the quantity of nursing homes increased, the quality did not.

The 1970s also saw government regulations that attempted to control and improve the quality of nursing homes, including nursing home ombudsman programs for taking complaints.

For someone with fewer financial resources, you had really no choice but to go into a nursing home paid for by Medicaid

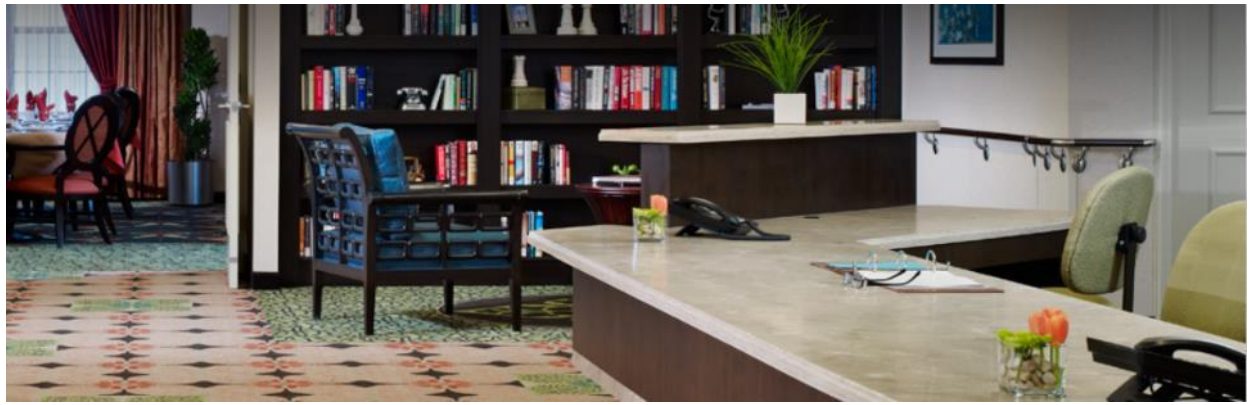
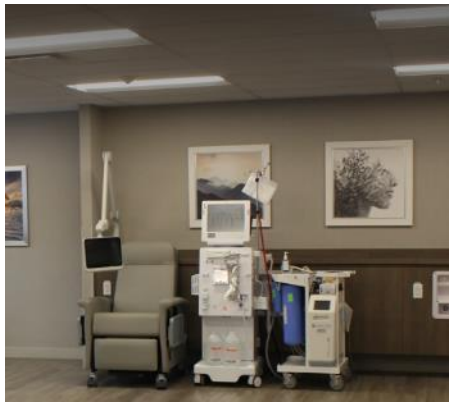
1980s

Due to the recession of the early 1980s, real estate developers were looking for something to build besides homes and apartment buildings, Many moved into the new and promising business of assisted living.

Today





History Lesson

History Lesson

- **THE ERA OF NURSING HOMES**
  - **1935: Social Security Act (SSA) enacted**
    - Under the SSA, the Old Age Assistance program makes federal money available to the states to provide financial assistance to poor seniors. The law specifically prohibits making these payments to anyone living in public institutions (poor houses, which had become known for their terrible living conditions), thus **spawning the creation of the private nursing home industry**.
  - **1950: Amendment to SSA**
    - requires **payments for medical care to be made directly to nursing homes rather than beneficiaries of care**. Under the amendments, states are also required to license nursing homes in order to participate in the Old Age Assistance program.
  - **1965: Medicare and Medicaid are passed as amendments to the SSA**
    - **Medicare's focus is on acute care** only and does not provide for long-term care (LTC). **Medicaid requires coverage of LTC in institutions but not in the home**, creating a bias in favor of institutional LTC. Under this legislation, the **federal and state governments become the largest payers for LTC: nursing home utilization increases dramatically, along with government expenditures.**
    - **Older Americans Act (OAA) enacted**, establishing Administration on Aging within the department of Health, Education and Wellness (HEW).
  - **1967: Public outcry over fraud and abuse in nursing homes**
    - Amendments to the SSA include a provision for states to **govern the licensing of nursing home administrators**.
  - **1968: Public outcry over fraud and abuse in nursing homes**

History Lesson

- **THE ERA OF COMMUNITY BASED SERVICES**
  - **1974: SSA Amendments**
    - SSA amendments authorize federal grants to states for social services programs including homemaker services, protective services, transportation, adult day care, training for employment, nutrition assistance and health support
    - **Final regulations for skilled nursing facilities are put into effect** and enforcement of compliance with standards such as staffing levels, staff qualifications, fire safety, and delivery of services become a **requirement for participation in Medicare and Medicaid**
  - **1975: SSA amendments create Title XX**
    - Consolidate the federal assistance to states for social services into a single grant. Under Title XX **states are required to prevent or reduce inappropriate institutional care by providing for home and community-based services (HCBS).**
  - **1978: The Comprehensive OAA Amendments**
    - require all states to develop and implement a nursing home ombudsman program and to **prioritize community alternatives to LTC**.
  - **1980: Mental Health System Act**
    - Provides federal funding for ongoing support and development of community mental health programs with an emphasis on deinstitutionalization.
    - The U.S. Department of Health and Human Services' (HHS) National Long-Term Care Channeling Demonstration to **test quality and cost-effectiveness of HCBS for frail seniors** is implemented. It runs through 1986.
  - **1981: HCBS waiver program is enacted under section 1915(c) of the SSA**
    - Allows states to offer **home and community-based services that are not strictly medical** in nature through Medicaid as an **alternative to institutional care**.
  - **1982: Under the Tax Equity and Fiscal Responsibility Act, the Katie Beckett Medicaid state plan option**
    - Covers **children with disabilities living in the community**; previously, these children were eligible for Medicaid only if institutionalized.

History Lesson

- **THE ERA OF COMMUNITY BASED SERVICES (cont.)**
  - **1984: Reauthorization of OAA reaffirms role of State Area Agencies on Aging in coordinating HCBS**
  - **1987: Under OBRA-87, The Nursing Home Reform Act imposes quality standards**
    - **Medicare and Medicaid-certified nursing homes** in response to "well-documented" **quality issues facing seniors in nursing homes**.
    - Reauthorization of the OAA adds six additional distinct authorizations of appropriations for services including **in-home services for frail seniors; LTC ombudsman; and prevention of elder abuse, neglect and exploitation**
  - **1989 Medicare Catastrophic Act**
  - **1990: Obra-90**
    - Requires state Medicaid programs to cover premiums for Medicare beneficiaries with incomes between 100-120% FPL. Medicare is expanded to cover partial hospitalization services in community mental health centers.
    - The Pepper Commission issues report on LTSS financing options with a set of recommendations on LTC that would establish government or social insurance to keep resources intact for **people with severe disabilities at home or with potential return to home after a short nursing home stays**
    - Proposes to cover the first 3 months of nursing home care with 20% copayment and **coverage of home care services** for Medicare elders with 3+ Activity of Daily Living (ADL) impairments. **The recommendations are never enacted.**
  - **1980: Americans with Disabilities Act (ADA) enacted**
    - The Act emphasizes the importance of **integrating people with disabilities into the community** and ending exclusion and segregation.
  - **1993: Clinton Health Care Plan includes plans to expand HCBS**
    - Improve Medicaid coverage for institutional care; and establish minimum standards to improve the quality of private insurance for LTC and tax incentives to encourage its purchase. **The plan is never enacted**.

History Lesson

- **THE ERA OF COMMUNITY BASED SERVICES (cont.)**
  - **1994: The final rule for OBRA-87 is published, eight years after the law is passed**
    - **Medicare and Medicaid-certified nursing homes** in response to "well-documented" **quality issues facing seniors in nursing homes**.
    - Reauthorization of the OAA adds six additional distinct authorizations of appropriations for services including **in-home services for frail seniors; LTC ombudsman; and prevention of elder abuse, neglect and exploitation**
  - **1995: The Nursing Home Reform Act is nearly repleaded**
    - Attempt to **reform Medicaid**
    - Through interventions by consumer advocates demonstrating the positive effects of the reform provisions, **repeal is averted**.
  - **1995: HHS and RWJF initiate the Medicaid cash and counseling demonstration**
    - Allows beneficiaries to **self-direct their HCBS** in lieu of traditional agency-provided services.
  - **1999: Supreme Court's Olmstead Decision**
    - Promotes **broader HCBS** coverage for people with disabilities, per ADA's community integration mandate.
  - **2000: Americans Act Caregiver Program established**
    - Authorizing grants to states to fund a range of supports that **assist family and informal caregivers to care for their loved ones at home**.
  - **2001: New Freedom Initiative established to remove barriers to community living for people with disabilities**
  - **2001: CMMS Administration on Aging Real Choice Systems change grants**
    - Available to states and non-profit agencies to develop integrated LTSS systems.

History Lesson

- **THE ERA OF COMMUNITY BASED SERVICES (cont.)**
  - **2005: Deficit Reduction Act**
    - provides federal funding to states to **expand community-based care**; authorizes the Medicaid Money Follows the Person (MFP) Rebalancing demonstration program**; allows states to add an optional Medicaid state plan benefit for HCBS** ; and allows states to offer **self-direction of personal care services**.
  - **2006: Older Americans Act (OAA) Amendments**
    - Self-directed **community-based services** to older individuals at risk of institutionalization.

History Lesson

- **THE ERA OF HEALTH REFORM**
  - **2010: The Affordable Care Act (ACA)**
    - Provides new options to states under the Medicaid program to incentivize the improvement of their LTC infrastructures and **expand HCBS**.
      - Balancing Incentive Program
      - Community First Choice State plan option
      - MFP extension
    - apply spousal impoverishment standards in determining eligibility for married Medicaid applicants receiving HCBS. **Prior to this, these standards were applied to the spouses of nursing home residents only**.
  - **2011: First of the nation's baby boomers turn 65**
  - **2013: ATRA of 2012 repeals the CLASS Act and establishes the time-limited, bipartisan Commission on LTC**
    - The Commission on Long-Term Care issues a report to the Congress, reviewing LTSS policy and program issues. The report makes recommendations regarding service delivery and workforce. No agreement on financing recommendations are reached; instead the report puts forward financing approaches suggested by members.
  - **2014: CMS finalizes new rules**
    - Outlining the qualities that settings must meet to be considered **"home and community-based"** for the provision of Medicaid services.
  - **2015: CMS revises the Five-Star Quality rating system for nursing homes**

About CE credit

Administrator credit

This program has been approved for Continuing Education for one total participant hour by NAB/NCERS.

Approval #20210820-1-A68432-DL

Q & A

Obtaining CE credit

- Complete the evaluation at the conclusion of this program:
  - In your web browser
  - Also emailed immediately following this program
- For those sharing a computer to view the webinar:
  - Submit your sign-in sheet to the email address listed on the form
  - Each participant will then be emailed a link to the evaluation
  - Each person must complete an evaluation to receive CE credit
- Certificates should be emailed in about 30 days

Want more CE after this?

Next webinar:

Thursday, February 16th

The Age-Tech Toolbox: Up-to-Date Age-Tech Tools for Supporting Elders and Their Families

Presented By: Benjamin Surmi

ForumPharmacy.com

THANK YOU!