

Study mandated by AB122

Components of the project

Phase I

- Gather baseline information
- Analyze available data

Phase II

- Interview Stakeholders
- Compare stakeholder information with baseline information
- Develop options for analysis

Final Report

- Analyze the options to address the specific questions posed in AB122

Original scope of work also included focus groups

- Care recipients, family, and care givers
- Not feasible in current environment
- We plan to adjust the scope of work

Questions posed in AB122

- (a) An analysis of the feasibility of creating a single license for such a facility;
- (b) Identification of the manner in which such a facility would receive reimbursements from Medicaid;
- (c) An analysis of the feasibility of recruiting adequate staff to operate such a facility;
- (d) An analysis of the economic viability of and payment structure of such a facility;
- (e) Identification of technical, economic and legal barriers to the establishment and operation of such a facility; and
- (f) possible timeline for creating a pilot program to establish such facilities.

Phase I report: topics and status

Introduction

- Overview of supply and demand for LTSS services in NV
- Summary of costs of lack of services
 - Elder abuse
 - Family caregiver and employer strains
 - State healthcare and social safety net costs

Supply of LTSS services

- Current supply of LTSS
- License requirements (services and buildings): details for Nevada and comparison with other states
 - Assisted Living Facilities
 - Adult Day Care Facilities
 - Respite care
- Related services
 - Nursing facilities
 - Local senior transportation
- Statistical model: characteristics of counties in Mountain States that do (versus do_not) have assisted living facilities

Demand for LTSS

- Utilization rates in Nevada and other states
- Characteristics of LTSS users (NSLTCP 2016 data; US & Nevada)
 - Age
 - Gender
 - Race/ethnicity
 - Medical conditions
 - ADL assistance
 - Adverse events

Payers

- Medicaid (US and NV)
 - Services covered
 - Institutional care vs HCBS
 - Managed care (MLTSS) vs FFS
 - Actions last 4 years in other states:
 - Increased use of HCBS
 - Increased use of MLTSS
 - Workforce development strategies
 - Strategies to address need for affordable housing
- Medicare
- Veterans Affairs
- Indian Health Services

Statistical analysis of demand

- Demand estimated by county and/or region in rural NV
- Analysis of travel time from population clusters to services

Workforce

- Home health aides and personal care aides
 - current supply
 - Current wages
- Statistical analysis of existing survey data
 - Current job characteristics
 - Tasks performed by aides
 - Time spent traveling to job sites
 - Numbers of concurrent jobs
 - Turnover
 - Factors leading to job stress / job satisfaction
 - On-the-job injuries
 - Interactions with health care system
 - Adequacy of training for tasks required

options

- Define a small set of options for addressing need for LTSS in NV
- Analyses of the options
 - Impacts on supply and demand for LTSS
 - Barriers to implementation
 - Financial feasibility
- For each option, address each question posed in AB122

Issues we see – so far

Tiered licenses in a small number of states.

Potential model for combined license.

Potential benefits of combined license (business operating perspective):

- Economies of scale: only one administrator, instead of two
- Economies of scope:
 - Flexibility to adjust to changes in demand
 - Adult Day services tend to serve younger population, compared with Assisted Living
- Strategies used in other states:
 - Workforce: increase Medicaid payment rates tied to additional training
 - Housing:
 - NC waiver is pilot demonstration project. Some direct payment for housing.
 - MLTSS