Long-Term Services and Supports State Scorecard
2020 Edition – HCBS Conference Briefing
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ADVANCING ACTION
A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers

AARP Public Policy Institute

Presenters: Susan Reinhard, Gretchen Alkema, and Ari Houser

AARP Foundation | The Commonwealth Fund | The SCAN Foundation
Agenda

• LTSS Scorecard Overview
• High-Level Findings
• Nursing Home COVID-19 Dashboard
• Promising Practices
• Policy Levers
• Wrap Up/Q&A
Scorecard Overview

All data and graphics used in today’s presentation can be accessed at: www.longtermscorecard.org
What is the Scorecard?

- Compilation of state data and analysis
- Multidimensional approach to comprehensively measure state long-term services and supports (LTSS) system performance overall and within five different domains
- Puts state LTSS policies and programs in context, stimulates dialogue, and prompts action
- Focus is on state-level data because our country does not have a single national system to address LTSS needs
- Funded with the support of The SCAN Foundation and The Commonwealth Fund and has been updated every 3 years

Goals of the Scorecard

- Raise the national level of performance for LTSS
- Help states:
  - Assess their LTSS systems across multiple dimensions of performance
  - Measure progress
  - Identify areas for improvement
  - Engage public and private sectors
  - Improve the lives of older adults, people with disabilities, and family caregivers
What do we mean by a “High-Performing LTSS System”?

EXHIBIT 1 Framework for Assessing LTSS System Performance

HIGH-PERFORMING LTSS SYSTEM

Five dimensions of LTSS performance, constructed from 26 individual indicators.

<table>
<thead>
<tr>
<th>AFFORDABILITY AND ACCESS</th>
<th>CHOICE OF SETTING AND PROVIDER</th>
<th>QUALITY OF LIFE AND QUALITY OF CARE</th>
<th>SUPPORT FOR FAMILY CAREGIVERS*</th>
<th>EFFECTIVE TRANSITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. PWD with Medicaid LTSS</td>
<td>5. Assisted Living Supply</td>
<td>5. <strong>Support for</strong> Family Caregivers Dimension evaluated across 12 individual policies, which are grouped into four broad categories.</td>
<td></td>
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<tr>
<td>6. ADRC/NWD Functions</td>
<td>6. Adult Day Services Supply</td>
<td></td>
<td>6. Successful Discharge to Community</td>
<td></td>
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<td></td>
<td>7. Subsidized Housing Opportunities</td>
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ADRC/NWD - Aging and Disability Resource Center/No Wrong Door
HCBS - Home- and Community-Based Services
LTSS - Long-Term Services and Supports
PWD - People with Disabilities

* Support for Family Caregivers Dimension evaluated across 12 individual policies, which are grouped into four broad categories.

High-Level Findings
Overall LTSS system rankings by quartile

Note: Rankings are not entirely comparable to previous Scorecard rankings. Changes in rank may not reflect changes in performance. Measures may be different and improved performance can result in a lower rank if other states experienced greater improvement.
States made modest progress, but status quo dominates

• Generally state performance has changed little for most indicators where performance could be measured over time

• Among 21 indicators, there were 15 in which more than 30 states (at least 60%) showed little or no change over the measurement interval (usually 3 years)

• Among the other 6 indicators
  – 5 had more than 20 states showing improvement
  – 1 had more than 20 states showing decline in performance
Five areas showing the most improvement

**Significant Improvement:**

- **Aging and Disability Resource Center (ADRC)/No Wrong Door (NWD) Functions** - 33 states improved
- **Medicaid LTSS Balance – Spending** – 25 states improved
- **Nursing Home Antipsychotic Use** - 28 states reduced use
- **Supporting Working Family Caregivers** - 23 states improved
- **Person- and Family-Centered Care** - 29 states improved
Nursing Home COVID-19 Dashboard

Nursing Home Resident Deaths
(resident COVID-19 deaths - rate per 100 residents)

Nursing Home Resident Cases
(confirmed resident COVID-19 cases - rate per 100 residents)

Personal Protective Equipment (PPE)
(% of facilities without at least a 1 week supply of all PPE types)

Staffing Shortages
(% of facilities with a shortage of nurses and/or aides)

Staff COVID-19 Cases
(confirmed staff COVID-19 cases - rate per 100 residents)

In the last month (4 weeks ending 10/18/20) in the United States there were 647 COVID-19 deaths per 100 nursing home residents.

In the last month (4 weeks ending 10/18/20) in the United States there were 2.8 new confirmed COVID-19 cases per 100 nursing home residents.

20.4% of nursing homes in the United States did not have a one week supply of all PPE during the 4 weeks ending 10/18/20.

In 4 weeks ending 10/18/20, 27.6% of nursing homes in the United States had a shortage of direct care workers (nurses and/or aides).

In the last month (4 weeks ending 10/18/20) in the United States there were 2.7 new confirmed nursing home staff cases per 100 residents.
# Nursing Home COVID-19 Dashboard

## Nursing Home Resident Deaths

<table>
<thead>
<tr>
<th>Nursing Home COVID-19 deaths (4 weeks ending 10/18/20)</th>
<th>Low State</th>
<th>High State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate per 100 residents</td>
<td>0.47</td>
<td>0.00</td>
</tr>
<tr>
<td>% of all COVID-19 deaths in state</td>
<td>27%</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nursing home COVID-19 deaths (total since 6/1/20)</th>
<th>Low State</th>
<th>High State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate per 100 residents</td>
<td>33.103</td>
<td>5.00</td>
</tr>
<tr>
<td>% of all COVID-19 deaths in state</td>
<td>29%</td>
<td>5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nursing home COVID-19 deaths (total since January)</th>
<th>Low State</th>
<th>High State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate per 100 residents</td>
<td>61.727</td>
<td>5.00</td>
</tr>
<tr>
<td>% of all COVID-19 deaths in state</td>
<td>28%</td>
<td>5%</td>
</tr>
</tbody>
</table>

## Personal Protective Equipment (PPE)

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Low State</th>
<th>High State</th>
</tr>
</thead>
<tbody>
<tr>
<td>N95 masks</td>
<td>16.1%</td>
<td>83.9%</td>
</tr>
<tr>
<td>Surgical masks</td>
<td>10.3%</td>
<td>89.7%</td>
</tr>
<tr>
<td>Eye protection</td>
<td>91.1%</td>
<td>8.9%</td>
</tr>
<tr>
<td>Gowns</td>
<td>11.0%</td>
<td>88.0%</td>
</tr>
<tr>
<td>Gloves</td>
<td>6.6%</td>
<td>93.4%</td>
</tr>
<tr>
<td>All PPE (all 5 categories above)</td>
<td>20.4%</td>
<td>79.6%</td>
</tr>
<tr>
<td>Hand sanitizer</td>
<td>5.6%</td>
<td>94.4%</td>
</tr>
</tbody>
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## Staffing Shortages

<table>
<thead>
<tr>
<th>Staffing Shortages</th>
<th>Low State</th>
<th>High State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>22.6%</td>
<td>77.4%</td>
</tr>
<tr>
<td>Aides</td>
<td>20.0%</td>
<td>74.0%</td>
</tr>
<tr>
<td>Nurses and Aides</td>
<td>30.0%</td>
<td>70.0%</td>
</tr>
<tr>
<td>Any Shortage</td>
<td>20.0%</td>
<td>72.4%</td>
</tr>
</tbody>
</table>

## Context Data

<table>
<thead>
<tr>
<th>Data Sources</th>
<th>Low State</th>
<th>High State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statewide positivity rate ** (cumulative through 10/18/20)</td>
<td>7.0%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Percent of nursing homes experiencing any week of 10/18/20</td>
<td>94.9%</td>
<td>93.9%</td>
</tr>
</tbody>
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## Data Sources


** Total deaths and cases in the state from USA Facts (https://usafacts.org/visualizations/coronavirus-covid-19-spread-map/); downloaded 11/2/2020. Numerator and denominator data for these indicators are from different sources, the rate is capped at 100%.

** Data from COVID Tracking Project (https://covidtracking.com/), downloaded 11/12/2020.
Nursing Home COVID-19 Dashboard

• AARP Public Policy Institute debuted the dashboard in October in collaboration with Scripps Gerontology Center

• Snapshot of the infiltration of the virus in nursing homes and it’s impact on residents and staff

• Updated data reported in four-week intervals

• Next dashboard release scheduled for December 10th

• Publicly available at:
  – Or simply enter “Nursing Home Dashboard” in your preferred search engine
Promising Practices

- ADRC/NWDs Improve Decision Making
- Presumptive Eligibility Increases Access to HCBS
- Self-Direction Increases Personal Choice and Control
ADRC/NWDs Improve Decision Making

• Formalize Statewide Governance
  – All health and human services state agencies involved and all populations represented

• Strengthen Person-Centered Counseling
  – Reach people of all income levels
  – Training and credentialing of counselors
  – Reach people with all types of disabilities

• Increase Coordination of Eligibility Processes
  – Reduce length of time from application to service initiation
  – Provide follow-up counseling to those found ineligible
Presumptive Eligibility Increases Access to HCBS

- Fast track delivery of HCBS services through presumed or expedited Medicaid eligibility determination
- Co-locate or cross-train functional eligibility, financial eligibility and waiver staff
- Conduct assessments at person’s home to facilitate collection of required documents
- Account for financial risk: 1115 waivers, dedicated state funds, managed care entities
Self-Direction Increases Personal Choice and Control

• Continue expanding availability for all populations

• Enhance flexibility and minimize restrictions

• Offer self-direction option to participants enrolled in traditional waivers (feeder programs)
Policy Levers

Build on Existing or Initiate New Strategic Planning Capacities

✓ Master Plans for Aging
✓ State Long-Term Care Plans
✓ Age-Friendly Initiatives (e.g. New York, D.C. Maine)
✓ Issue Specific Task Forces/Workgroups
Policy Levers

- State Legislative/Budget
- State Bonding
- Enhance Data Collection on Key Consumer Outcomes (e.g. Nursing Home Dashboard)
- Executive Orders
- Leverage Medicaid Flexibilities & Pilot Programs
Q & A

Official site of the Long-Term Services and Supports State Scorecard: http://www.LongTermScorecard.org

Email: LongTermScorecard@aarp.org