

Long Term Services and Supports Continuum of Care Solutions

Solution #1 – Access to Care Through a ‘No Wrong Door’ or ‘One-Stop Approach’

The Administration for Community Living describes the situation as:

Finding and accessing the right long term services and supports (LTSS) presents a daunting task for many individuals and their families. The current LTSS system involves numerous funding streams administered by multiple federal, state and local agencies. These agencies use different, often fragmented, and sometimes duplicative processes and requirements involving screening, intake, needs assessment, service planning, and eligibility determination. Consequently, individuals trying to access LTSS frequently find themselves confronted with a bewildering maze of organizations and bureaucratic requirements at a time of vulnerability or crisis which can result in people making decisions based on incomplete, and sometimes inaccurate, information about their options.

The solution is to train qualified entities statewide that can provide accurate information of the process to access LTSS regardless of payer source (personal funds, Medicaid, VA, etc.).

The entities could include Area Agencies on Aging, Aging and Disability Resource Centers, Independent Living Projects, and other providers with expertise in LTSS.

Once individuals (or their families) understand the process they can put in place a person-centered plan to access services at the right time in the right place, which may delay or avoid the need for more intensive services.

Solution #2 – Presumptive Eligibility for Medicaid Funded Long Term Support Services

Presumptive Eligibility (PE) is a process to gather preliminary information, based upon attestation, to decide that the client appears to meet eligibility criteria. It is already in place for other age and need groups. Goal is to see how it can support those with aging health concerns age 65 and older.

- The two components reviewed for determining PE are financial and functional.
- Services are available under PE for a limited time.
- PE assessments can be made through qualified entities such as hospitals, Area Agencies on Aging, Aging and Disability Resource Centers, Independent Living Projects, etc.
- For LTSS, PE processes will expedite the delivery of benefits in the least restrictive setting while the state is conducting a full assessment of eligibility.

Other states have experienced a high accuracy rate on determinations made through qualified entities.

Solution #3 – Unpaid Caregiver Services and Supports

Provide caregiver services and supports to family or other unpaid caregivers that are providing in-home care to an elderly or disabled person who is currently eligible for Medicaid but not yet receiving long-term services and supports, such as Community First Choice, 1915(c) waivers, etc. This is aimed at reducing caregiver burnout and assisting those being cared for to remain in their home.

Supporting unpaid family caregivers will reduce the need to access more costly in-home and residential services. Unpaid caregivers provide thousands of hours of care sometimes at the expense of their own mental and physical health. Supporting these caregivers helps reduce the burden and allows them to continue to support the individual needing care.

An assessment tool to determine the unpaid caregiver's need(s) will be developed. The tool will be completed with the unpaid caregiver by qualified entities statewide. The entities could include Area Agencies on Aging, Aging and Disability Resource Centers, Independent Living Projects, and other providers with expertise in personal care services.

Unpaid caregiver services may include:

- Adult Day Service;
- Assistive Technology such as personal emergency response systems and home safety features;
- Counseling;
- Education;
- Financial Planning and/or Legal Services;
- In-home supports and services to reduce the unpaid caregiver's burden;
- Palliative care;
- Respite;
- Rehabilitation Services;
- Support groups; and,
- Other such as massage therapy.

Funding of unpaid caregiver services can be achieved through much lower, if any, paid in-home supports and avoidance of higher levels of care including residential and hospital services.