9-30-2004

Comparing Medicaid Long-Term Care Waiver Programs

Glenn M. Landers

James P. Cooney

Follow this and additional works at: https://scholarworks.gsu.edu/ghpc_materials

Comparing Medicaid Long-Term Care Waiver Programs

Glenn M. Landers, MBA, MHA and James P. Cooney, Jr., PhD

GeorgiaState University ANDREW YOUNG SCHOOL OF POLICY STUDIES

Georgia Health Policy Center

Introduction

Comparisons of Medicaid home and community based services (HCBS) waiver programs are not well-documented. This study was undertaken to provide Georgia's Department of Community Health with evidence for resource allocation decisions.

Objective

Compare the costs and care outcomes of two Georgia Medicaid home and community based waiver programs for older adults.
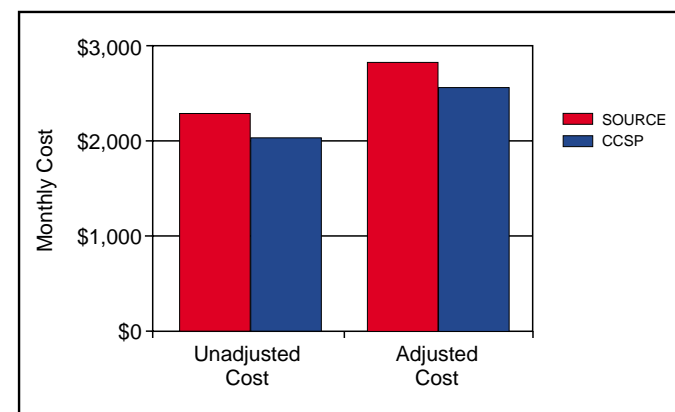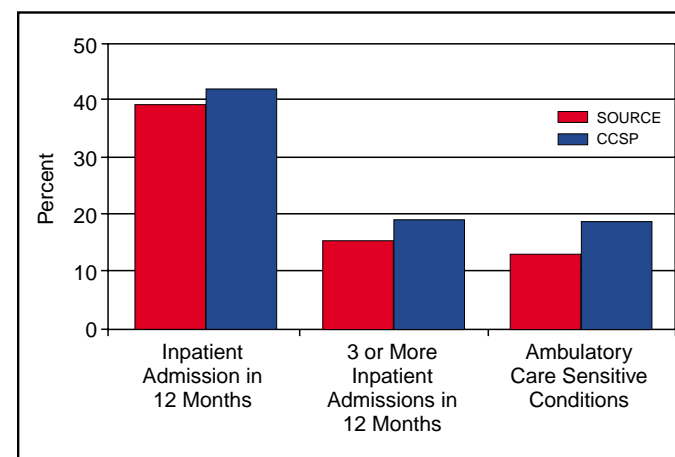
Population Studied

- 14,724 Georgians who qualified for institutional placement in 1999 but received services from one of two Medicaid waiver programs. The Community Care Services Program (CCSP) is a traditional Medicaid home based waiver program. Service Options Using Resources in a Community Environment (SOURCE) is a demonstration project that incorporates primary care physician oversight and enhanced case management.

Methods

- Retrospective cohort analysis of Medicaid and Medicare claims for the years 1998, 1999, and 2000.
- Illness severity adjustment using the DCG-HCC model adapted for Medicare and Medicaid.
- Multivariate analysis used to compare adjusted cost.

Results Obtained

- Patients were similar in age.
- Patients were significantly different in race (.01), gender (.05), and urban/rural residence (.01.)
- More CCSP clients were dually eligible, and more SOURCE clients were Medicaid-only.

- Both CCSP and SOURCE clients used significantly more (.01) Medicare home health prior to program admission.
- Patients of both programs used ER, outpatient, and therapy services similarly.

- At the end of 12 months, nine percent of each programs' patients resided in nursing facilities.
- Illness severity scores of SOURCE patients were significantly higher than CCSP patients (4.0 versus 3.8).

Bar chart showing Percent for SOURCE and CCSP across: Inpatient Admission in 12 Months, 3 or More Inpatient Admissions in 12 Months, Ambulatory Care Sensitive Conditions.

Bar chart showing Monthly Cost for SOURCE and CCSP for Unadjusted Cost and Adjusted Cost.

Conclusions

- If payment drives placement, higher rates of inpatient hospitalization for CCSP clients may be a function of its higher ratio of patients with dual eligibility.
- Medicaid financed home health services, delivered through waiver programs, may substitute for Medicare home health.
- Primary care physician oversight and enhanced case management may reduce ambulatory care sensitive conditions resulting in hospital admission and frequent hospitalizations overall when incorporated into a Medicaid waiver program for older adults.

Implications for Policy or Practice

- The introduction of primary care physician oversight and enhanced case management to Medicaid waiver programs for older adults may improve patient care at similar cost.
- Aligned payment policies may remove the incentive to transfer dually eligible patients.
- Based on differences in patient illness severity, states may have reason to continue multiple Medicaid waiver programs for similar populations.

For more information, please contact the Georgia Health Policy Center at 404-651-3104.