

## Project Researchers

### *University of Minnesota*

Rosalie A. Kane, PhD, Project Director  
Robert L. Kane, MD, Co-Director  
Reinhard Priester, LLB, Coordinator  
Donna Spencer, MA  
John Nyman, PhD  
K. Charlie Lakin, PhD  
Amy Hewitt, DSW  
Terry Lum, PhD  
Lois Cutler, PhD

### *The CNA Corporation*

Linda Clark-Helms, CMS Contract Manager

### *National Academy for State Health Policy*

Robert Mollica, EdD

### *Center for Personal Assistance Services*

### *University of California, San Francisco:*

Charlene Harrington, RN, PhD  
Martin Kitchener, PhD

### *Consultants:*

Dann Milne, PhD, Denver, Colorado  
Charles Reed, Olympia, Washington

## Steering Committee from Participating States

**Arkansas:** Herb Sanderson  
Division of Aging & Adult Services

**Florida:** Beth Kidder and Wendy Smith  
Agency for Health Care Administration

**Minnesota:** LaRhae Knatterud  
Department of Human Services

**New Mexico:** Debbie Armstrong, Secretary-Designate  
NM Aging & Long-Term Services Dept

**Pennsylvania:** Dale Laninga  
Governor's Office of Health Care Reform

**Texas:** Marc Gold  
Department of Aging & Disability Services

**Vermont:** Patrick Flood, Commissioner  
Department of Aging and Independent Living

**Washington:** Kathy Leitch, Assistant Secretary  
Aging & Disability Services Administration

## Research on Program Management Techniques by States to Rebalance Their Long Term Care Systems

for comments or  
information contact

**Rosalie A. Kane**  
**University of Minnesota**  
**kanex002@umn.edu**

**Linda Clark-Helms**  
**The CNA Corporation**

**Dina Elani**  
**CMS Project Officer**

This study is being performed as a Task Order under a master contract (500-00-0035) from the Centers for Medicare & Medicaid Services to the CNA Corporation with a major subcontract to the University of Minnesota where the project directors are housed.

(Brochure Revised September 2006)



**Research on Program  
Management Techniques by  
States to Rebalance their Long  
Term Care Systems**

a three-year project conducted by:  
**Division of Health Services  
Research & Policy  
School of Public Health,  
University of Minnesota,  
Minneapolis, Minnesota**

and

**CNA Corporation,  
Alexandria, Virginia**

**under contract from the  
Centers for Medicare & Medicaid Services  
Division of Advocacy and Special Initiatives**

**October 2004 to March 2008**

*Exploring expansion of high quality  
long-term support for all consumers  
regardless of age or disability while  
controlling overall costs*

# Research on Program Management Techniques by States to Rebalance Their Long Term Care Systems

*Exploring expansion of high quality long-term support for all consumers regardless of age or disability while controlling overall costs*

**Goal.** The project's purposes are: to identify and describe management processes that states use to shift long-term care resources, particularly those funded by Medicaid, away from institutions and towards home and community based long term care while maintaining quality and controlling costs of all services; and to study the effects of these "rebalancing" efforts on utilization and costs of services.

**History.** The study was mandated by Congress in 2003 and competitively awarded to CNAC and its subcontractors (University of Minnesota, the National Academy for State Health Policy, and U.C. San Francisco) in October 2004.

**Design.** The project is structured as a 3-year collaborative effort of the researchers and the eight participating states: Arkansas, Florida, Minnesota, New Mexico, Pennsylvania, Texas, Vermont, and Washington. It includes both quantitative and qualitative approaches; its scope extends to all populations regardless of age or disability who need and receive long-term care services. Selected states are well along in their rebalancing efforts and together reflect geographic diversity, a variety of management approaches, and success in rebalancing for a variety of populations.

**Methods.** Includes site visits and phone interviews with key state and local officials, representatives of provider groups, and representatives of advocacy groups; review of existing studies and data; and secondary analyses of state and federal data to explore utilization and costs.

**Qualitative components.** The focus is on a full description of the management approaches used by the state for rebalancing long-term care, looking back at major historical milestones and forward over the three years of the project, including the organizational structure at state and local levels, the way Medicaid state plan and waiver services are utilized and coordinated, the way the state leverages other public and private funding streams beyond Medicaid, the approaches used to maintain and improve quality, and the approaches used to downsize institutions.

**Quantitative components.** The focus is on amassing retrospective and prospective data on state expenditures and numbers of people served for each long-term care services under the Medicaid state plan and under Medicaid waivers in both the home and community based sector and the institutional sector. Using these data, we will describe the success of overall balancing efforts, and illustrate patterns in the shift to home and community based care by geographic area with the state, by consumer characteristics, and by particular program. We will also examine the relative distribution of resources to various rebalancing efforts within the states and explore the additional public costs of services to consumers receiving long-term support services.

**Key concepts.** Concepts to be explored include centralization versus decentralization; programmatic integration versus separation; and coordination at the state level. The project also explores the relationship between advocacy organizations and governments and the vigor of consumer advocacy; the degree of consumer-direction; the way quality is maintained, how severe and persistent mental health problems are managed in all long-term care programs, and how family roles are construed.

## Management practices defined.

In this project, management is construed broadly to include four types of inter-related efforts:

- ▶ Service expansion strategies: developing a varied array of services; expanding consumer directed approaches; defining and improving the quality of each service in the array.

- ▶ Access strategies: fast-track eligibility and service authorization; effective case management; public information to increase awareness; transition services from nursing homes; data management; personnel development.

- ▶ Budgetary strategies: consolidation of state budgets; money following the person efforts; individual consumer budgets; cash programs; capitated programs; dual eligible programs; reimbursement techniques; monetary incentives for quality and for rebalancing efforts.

- ▶ Linkage strategies. These includes links to acute care and rehabilitation, housing, mental health, aging services, social services, and educational programs (including special education).

**Products.** In each of the 3 years, qualitative and quantitative data will be combined to generate case studies of the rebalancing activities for each participating state. In both Year 2 and Year 3 special topical reports will be prepared on four promising cross-cutting management approaches, which will result in eight topical reports altogether.