Early Use of Community-Based Long-Term Services and Supports and Lower Downstream Use of Institutional Care

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Background

- Community-based long-term services and supports (LTSS) are less costly for state Medicaid programs compared to institutional care (Irvin et al. 2017)
- Most people who need LTSS prefer to reside in the community (Barrett 2014)
- Participants in the Money Follows the Person (MFP) demonstration reported high levels of satisfaction after transitioning from institutions to the community (Irvin et al. 2017)

Barrett, Linda. "Home and Community Preferences of the 45+ Population 2014." Washington DC: AARP Research Center, September 2014.

Irvin, Carol, Alex Bohl, Kate Stewart, Susan R. Williams, Allison Steiner, Noelle Denny-Brown, Andrea Wysocki, Rebecca Coughlin, Jason Smoot, and Victoria Peebles. "Money Follows the Person 2015 Annual Evaluation Report." Cambridge, MA: Mathematica Policy Research, May 11, 2017.

Study goals

Authors - Kate Stewart and Carol V. Irvin, Mathematica Policy Research

- Does Early Use of Community Based Long-Term Services and Supports Lead to Less Use of Institutional Care?

Goals

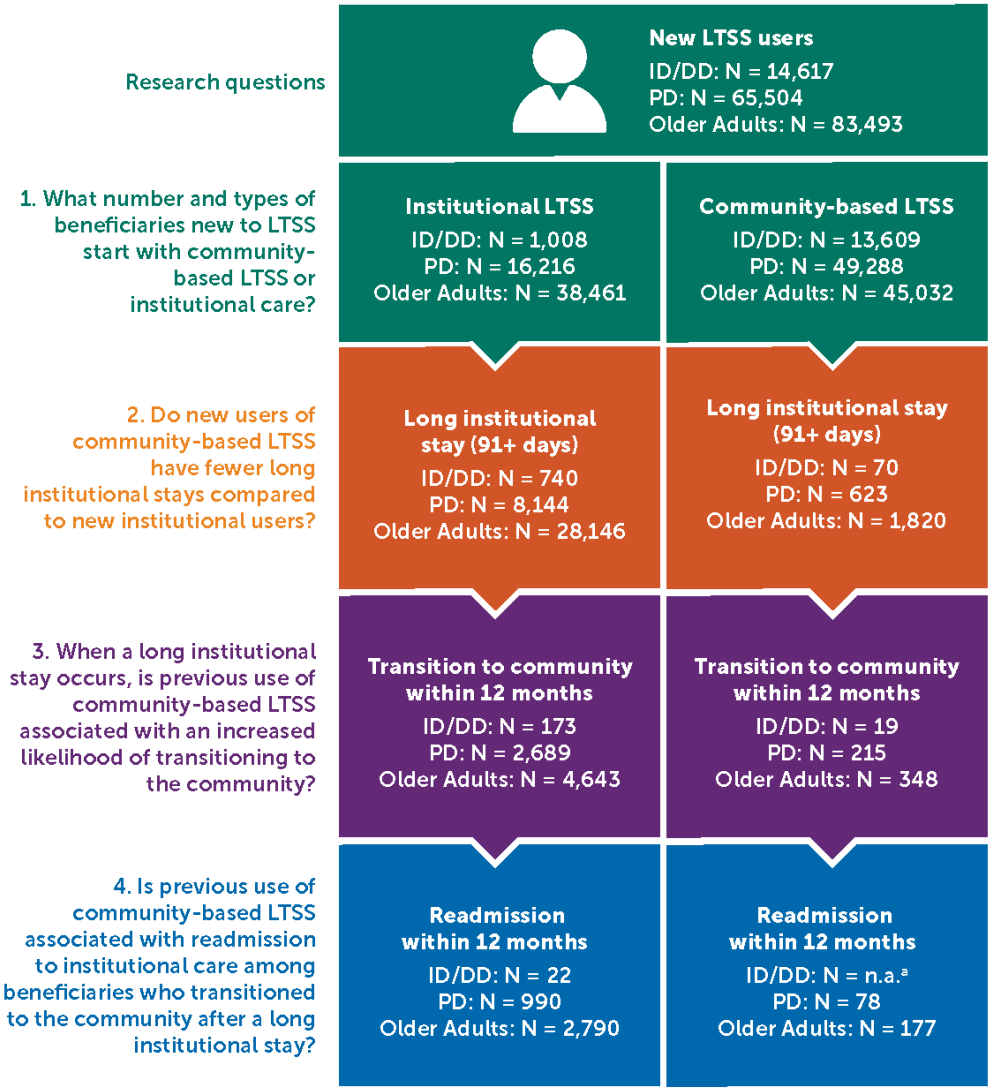
- To describe the characteristics of new LTSS users who initiate LTSS via institutional care or community-based services
- To describe differences in downstream LTSS utilization between individuals who initiate institutional LTSS versus community-based LTSS, including differences by race and ethnicity in:
  - Long institutional stays (91 days or longer)
  - Transitions to the community (with or without community-based LTSS) among those with a long stay
  - Re-institutionalization among those who transitioned to the community
- To identify possible mechanisms for state Medicaid programs to reduce use of institutional care

Study design

- Identified new LTSS users in 16 states from January 2010 – July 2011
  - No Medicaid-paid LTSS use in 12 months prior to 1st month of LTSS utilization
  - Alive for 36 months from 1st LTSS month*
- Categorized new users as "institutional" initiators if they had a claim for institutional care in the 1st month or as "community-based LTSS" initiators if no institutional claim and enrollment in a 1915(c) waiver or evidence of state plan community-based LTSS use
- Followed over time to compare outcomes between "institutional" and "community-based LTSS" initiators: long stays, transitions to the community, and reinstitutionalization
- Assessed outcomes separately for 3 populations:
  1. Individuals with intellectual or developmental disabilities (ID/DD)
  2. Younger adults with physical disabilities (PD)
  3. Older adults (ages 65 and over)

*We required beneficiaries to survive 36 months for two reasons: (1) to ensure we could observe all downstream utilization, and (2) to ensure the "institutional" and "community-based LTSS" initiators were similar in terms of mortality risk.

Study design (continued)

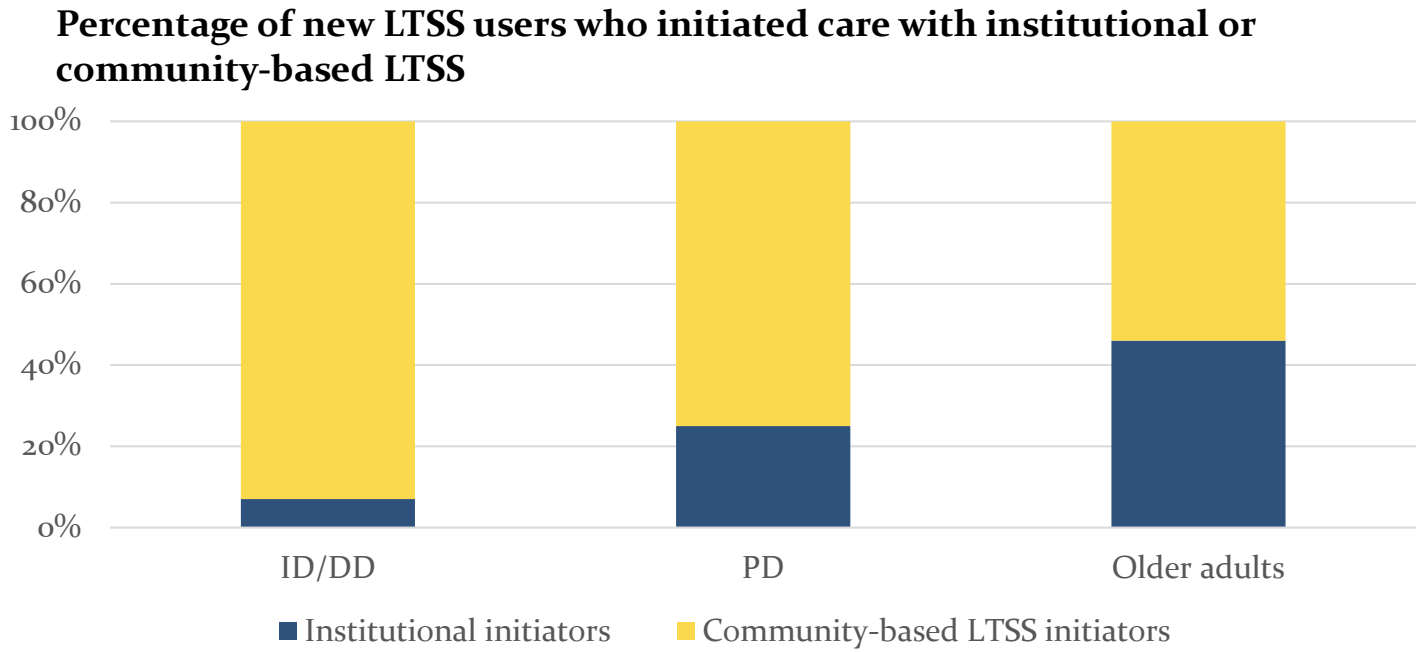


ID/DD = individuals with intellectual or developmental disabilities; PD = younger adults with physical disabilities

[a] We don't report cell sizes smaller than 11

Different populations have different rates of initiating community-based versus institutional care (1 of 3)

- Older adults were most likely to initiate institutional LTSS. Few in the ID/DD population initiated care in an institution.



ID/DD = individuals with intellectual or developmental disabilities
PD = younger adults with physical disabilities

Different populations have different rates of initiating community-based versus institutional care (2 of 3)

- Older age was significantly, positively associated with institutional initiation *within* each population

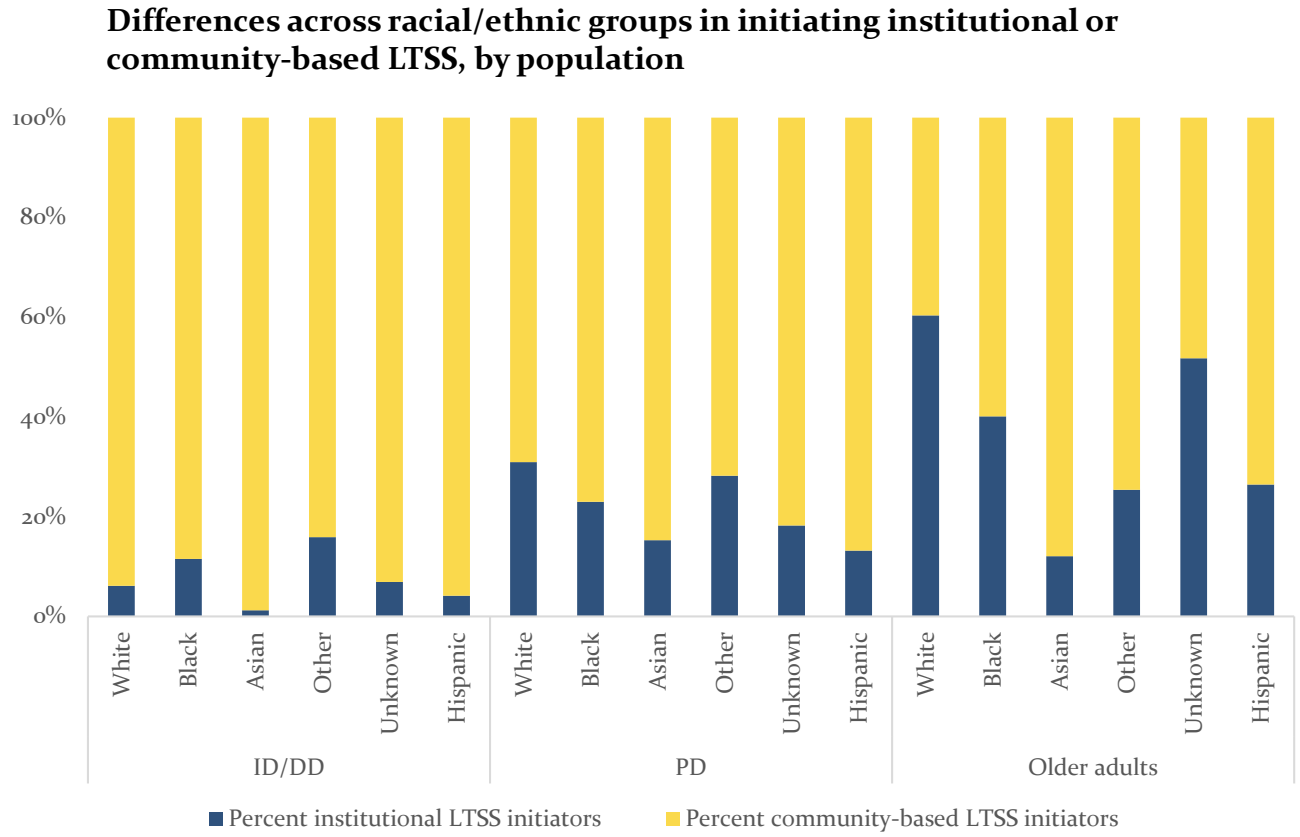
Characteristics of beneficiaries initiating LTSS, by population and LTSS initiation status

Characteristic	ID/DD Institutional initiators	ID/DD Community-based LTSS initiators	PD Institutional initiators	PD Community-based LTSS initiators	Older adults Institutional initiators	Older adults Community-based LTSS initiators
Age, mean	26.5	20.6	52.6	41.7	79.8	76.6
Male, %	55.2	64.5	54.5	38.6	28.2	28.4
Dual eligible, %	22.5	22.2	41.7	32.3	88.3	91.9
Rural, %	29.1	14.1	23.4	28.5	27.7	21.1

Notes: Within each population, we compared the distribution of each characteristic between institutional and community-based LTSS initiators. All comparisons were statistically significant at the 0.05-level, with the exception of the percent male in the older adults population and percent dual-eligible among the ID/DD population.
ID/DD = individuals with intellectual or developmental disabilities
PD = younger adults with physical disabilities

Different populations have different rates of initiating community-based versus institutional care (3 of 3)

- Asians and Hispanics were less likely than Whites and Blacks to initiate institutional care across all 3 populations



ID/DD = individuals with intellectual or developmental disabilities
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Long institutional stays by LTSS initiation status

- Few individuals who initiated community-based LTSS had a long institutional stay
- There was variation in the percentage with a long stay by race and ethnicity

Percentage with a long institutional stay (91 days or more)

Race/ethnicity	ID/DD Institutional Initiators, %	ID/DD Comm. LTSS initiators, %	PD Institutional Initiators, %	PD Comm. LTSS initiators, %	Older adults Institutional Initiators, %	Older adults Comm. LTSS initiators, %
All patients	73	< 1	50	1	73	4
White	81	1	49	1	79	7
Black	75	< 1	59	1	77	4
Asian	80	< 1	49	1	47	1
Other	24	1	42	2	38	2
Unknown	72	< 1	53	1	53	3
Hispanic	66	< 1	42	1	41	2

ID/DD = individuals with intellectual or developmental disabilities
PD = younger adults with physical disabilities

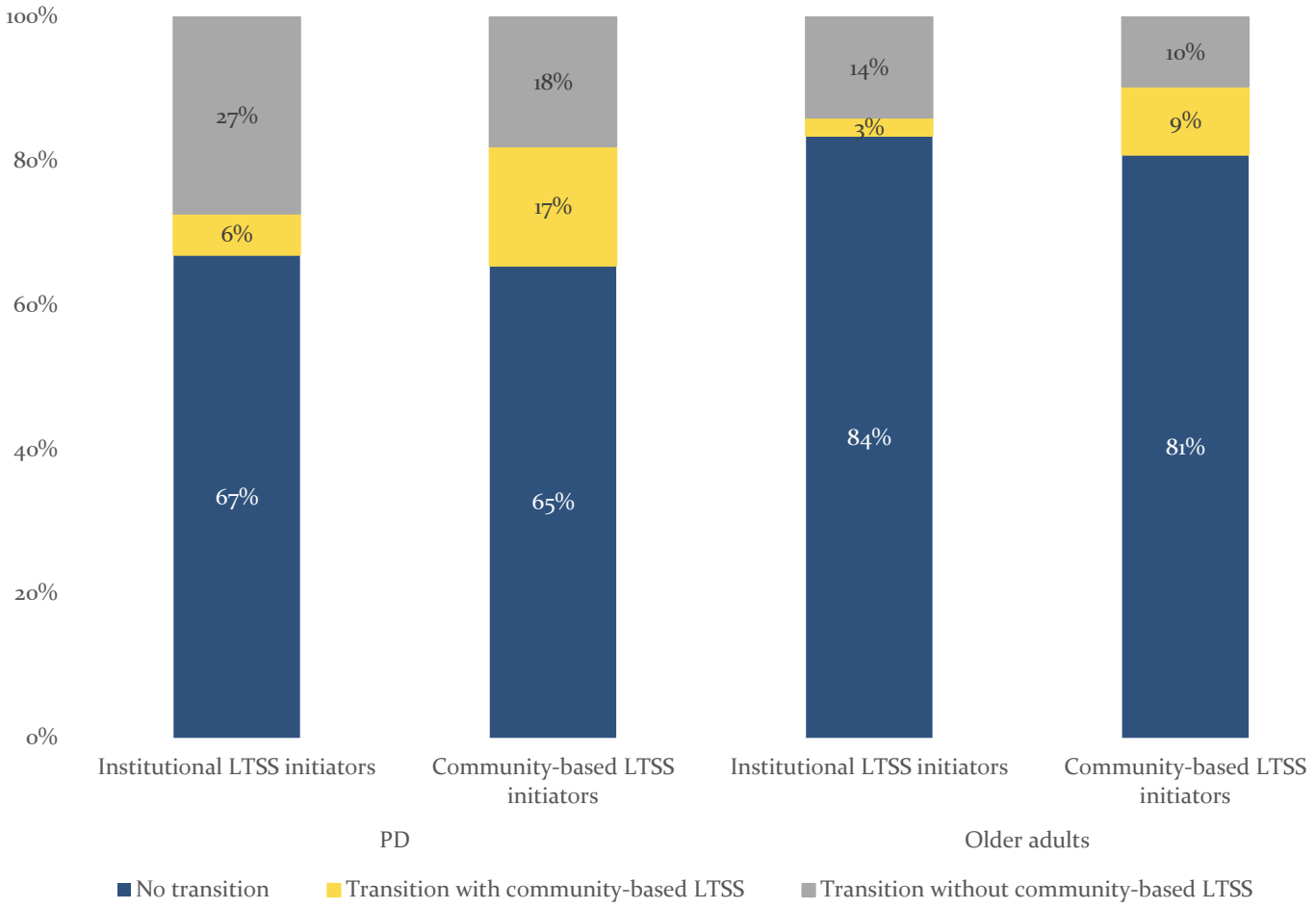
Transitions to the community by LTSS initiation status

- Transition analyses focus only on younger adults with physical disabilities and older adults populations*
- Most beneficiaries with a long stay remained in the institution
- Community-based LTSS initiation was associated with a higher rate of transition and higher rate of community-based LTSS use post-transition, both in adjusted and unadjusted analyses

*The ID/DD population had too few long institutional stays for analyses of transitions to the community or reinstitutionalization after transition.

Transitions to the community by LTSS initiation status (continued)

Transition to the community after a long institutional stay, by LTSS initiation status and population (unadjusted)*



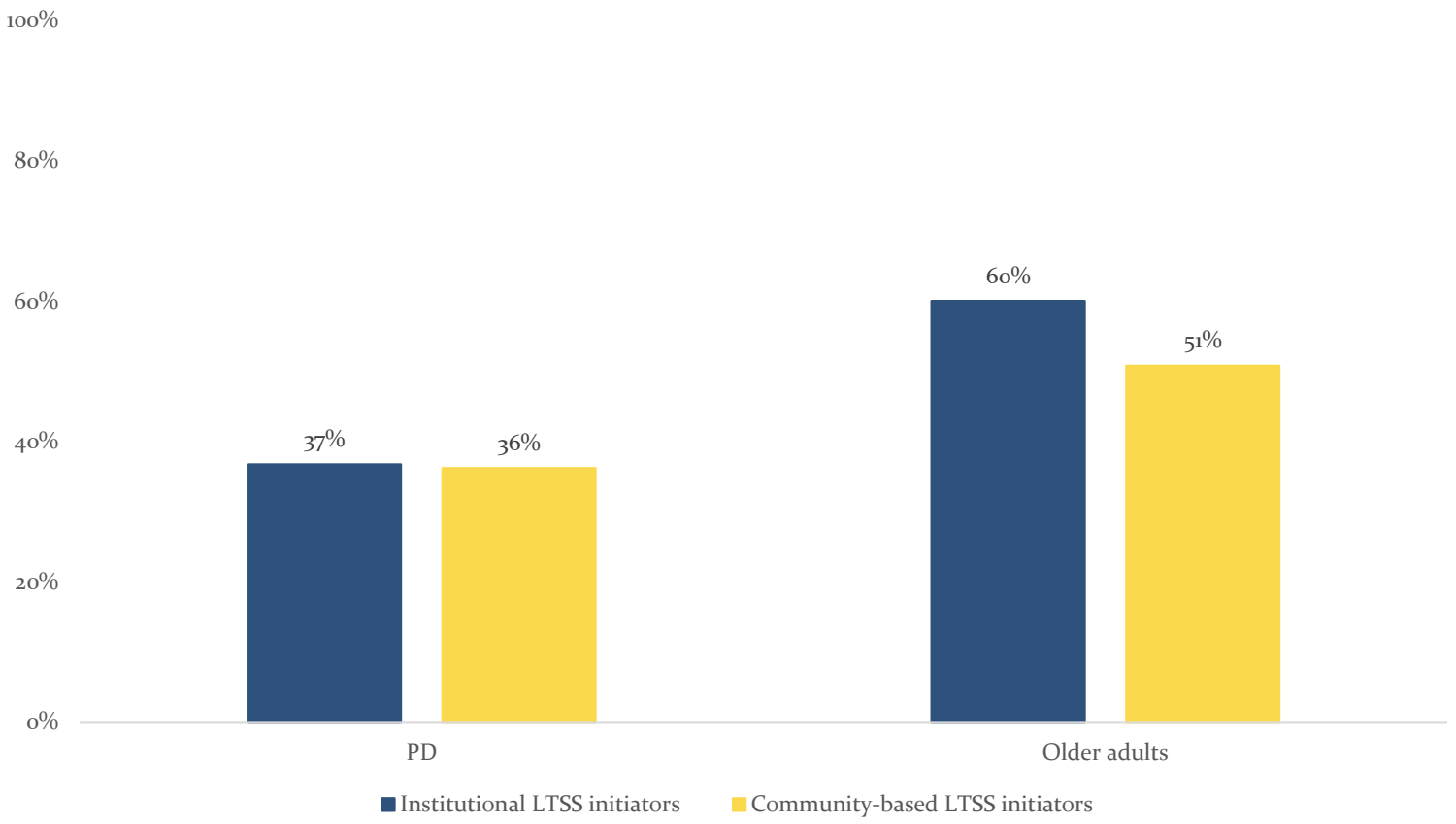
PD = younger adults with physical disabilities.
*Adjusted predicted probabilities were very similar to unadjusted rates.

Reinstitutionalization after transition to the community by LTSS initiation status

- Reinstitutionalization was more common among older adults than younger adults with physical disabilities
- Among older adults:
  - Those who initiated community-based LTSS were less likely to be reinstitutionalized compared to institutional initiators in both unadjusted and adjusted analyses
  - Minorities were less likely than Whites to be reinstitutionalized in adjusted analyses
- Among younger adults with physical disabilities:
  - No association between community-based LTSS initiation and reinstitutionalization in unadjusted and adjusted analyses
  - Blacks and Asians were less likely than Whites to be reinstitutionalized in adjusted analyses

Reinstitutionalization after transition to the community by LTSS initiation status (continued)

Reinstitutionalization among beneficiaries who had a long stay and transitioned to the community by LTSS initiation status and population (unadjusted)*



PD = younger adults with physical disabilities.
*Adjusted predicted probabilities were nearly identical to unadjusted rates.

Summary of findings

- Early use of community-based LTSS was associated with less institutional use
  - Few beneficiaries who initiated LTSS in a community setting had a long stay
  - Among those with a long stay, transition rates were higher for those who initiated community-based LTSS (though most beneficiaries remained institutionalized)
  - Among older adults, those who initiated community-based LTSS, had a long stay, and transitioned to the community were less likely to be reinstitutionalized compared to those who initiated LTSS via institutional care
- Racial and ethnic groups experienced varying patterns of LTSS use. Racial and ethnic minorities generally used less institutional care than Whites

Limitations

- Analyses
  - Reporting descriptive associations between LTSS initiation status and various trajectories of use, not causal analyses
  - Analyses of each of the possible trajectories conducted separately
    - Future studies may want to formally combine outcomes into a single model
- Data
  - Missing data on characteristics that may affect choice of institutional versus community-based LTSS initiation status and subsequent outcomes, such as:
    - Functional limitations, and diseases and conditions
    - Social support and housing characteristics
    - State Medicaid policies
  - Medicaid race and ethnicity data may be unreliable in some states
    - For beneficiaries who were ever dually-eligible for Medicare and Medicaid, we used Medicare race and ethnicity data

Conclusions

- Early use of community-based LTSS was associated with less downstream use of institutional care
- Older age was associated with greater use of institutional care
- Most beneficiaries who had a long stay remained in the institution and did not transition
- Developing Medicaid programs that steer new LTSS users toward community-based services and reduce the association between age and use of institutional services may be promising approaches to reduce the overall use of institutional care