

Gaps Analysis Study & Critical Access Study AN UPDATE

Presentation to HCBS Partners Panel
February 20, 2015



Minnesota Department of **Human Services**

Presentation Overview

- Review – Gaps Analysis vs. Critical Access
- Quick Update on current Gaps Analysis Study
- Critical Access Study

Gaps Analysis Study

- Gathers local information about the perceived capacity and gaps of the “system” to meet the needs of all persons:
 - Older adults
 - Persons with disabilities
 - Children and youth with mental health conditions
 - Adults living with mental illness
- Does not measure need for services

Gaps Analysis Study

- Conducted every 2-years
- First done in 2001 – older adults only
- Expanded in 2012 to four populations and to include consumer input
- Statewide results reported in the Status of Long term services and supports (legislative report)

Critical Access Study

PURPOSE

- Examine Minnesota residents' critical access to home and community-based services (HCBS) at both the local and community level, to:
 - Define and quantify “critical access” using service planning, assessment, claims and county survey data; and
 - Study access issues among populations facing access challenges; and
- Suggest strategies for addressing these gaps.

2014 Gaps Analysis Overview

- Using a survey approach to gather information from multiple groups
- Will have one lead agency survey, instead of four
- Other surveys being developed to gather input from providers
- To begin collecting data in early March

Outcomes

- Results of Critical Access Study to a) inform and b) be integrated into future Gaps Analysis Studies
- Replicable process to measure (quantify) gaps and critical access to services



A Study of Critical Access to HCBS in Minnesota

Presentation of Work Plan and Preliminary Analytic Findings to the HCBS Partners Panel

February 20, 2015



Agenda



- Analytic plan and research questions
- Populations
- Defining HCBS and Mental Health
- Tier I Research Questions
 - HCBS Utilization and Rates
 - Mental Health Treatment and HCBS
 - HCBS Providers

DHS Areas of Interest



- 1) The relationship between the number of people receiving publicly-funded HCBS with potential total demand for these services;
- 2) The size and nature of the population eligible for HCBS waiver programs who do not currently receive these services;
- 3) More granular geographic (regional) and community-level service utilization trends, including specific subpopulations; and
- 4) Critical access correlates, such as provider mix and geographic and political configuration.

Proposed Analytic Approach



Drafted Research Questions

- “Tiered” to reflect priority and/or analytic complexity
- Reflect ongoing dialogue with DHS leadership and programmatic staff and Partners Panel feedback
- Questions may evolve based on analytic results and emerging areas of policy interest

Research Questions: Tier I



- Research Question #1: How are the four main DHS service recipient populations using HCBS?
- Research Question #2: How are people with mental health (MH) diagnoses using (or not using) HCBS and MH treatment services?
- Research Question #3: What is the number and distribution of unique providers who provided select HCBS in FY13? How do their caseloads vary? How does this distribution relate to service recipients?

Research Questions: Tier 2



- Research Question #4: What are the differences between HCBS users who receive 24-hour/residential services (TBD) and those who do not?
- Research Question #5: How are people with Alzheimer's and other related conditions using HCBS?
- Research Question #6: What is the geographic distance between certain HCBS providers and the clients they serve, and does this differ by area of the state and service type?
- Research Question #7: What is the relationship between the number of people receiving HCBS with potential demand for these services?

Research Questions: Tier 3



- Research Question #8: What is the relationship between provider supply and utilization for select HCBS?
- Research Question #9: What are the combinations of HCBS and other provider types used by certain subpopulations; are there areas of the state where these combinations are not available?

DHS Populations Included in Study



- Categories of Recipients:
 - Older adults;
 - Children and adults with disabilities (physical, behavioral and cognitive);
 - Children and youth with mental health conditions; and
 - Adults living with mental illness.

- Age Groupings:
 - Children: 0-14, 15-17, 18-20
 - Working-aged adults: 21-25, 26-34, 35-44, 45-64
 - Older adults: 65-74, 75-84, 85+

Defining HCBS



Abt collaborated with DHS subject matter experts and program staff to develop a consensus list of services that make up “HCBS”

- HCBS waiver services
- Personal care attendant services
 - Defined by procedure code
- Private duty nursing services
 - Defined by procedure code
- Consumer support grants
 - Other grants excluded because spending could not be linked to individual recipients

Defining HCBS Users



- About 130 individual services in the HCBS definition, including
 - Case management
 - Customized living, foster care
 - Day training & habilitation, supported employment
 - Transportation, assistive technology, supplies
 - Private duty RN and LPN, home health
 - Homemaker, chore services, meals, PCA
- Individuals considered HCBS recipients if they have at least one claim for at least one service in the HCBS group
 - **125,369** unique HCBS users in FY13
 - Some recipients may not be in an “HCBS program” (n=29,902)

Defining the MH Population



- Defined cohort with a mental health (MH) diagnoses
 - Based on ICD-9 codes on claims (one inpatient or two outpatients in any position)
 - Separate analysis of expanded definition to include diagnosis only on a screening document (less reliable than claims)
- Created additional cohorts of diagnoses excluded from MH definition
 - Autism spectrum disorder (ASD)
 - Attention deficit disorder (ADD)
 - Chemical dependency disorder (CDD)
- Significant overlap between cohorts
- All four groups frequently analyzed together

Defining the MH Population



Diagnostic Cohort	HCBS Users (n=125,369)	% Total HCBS Users	MMIS Counts	% MMIS receiving HCBS
MH diagnoses	62,413	49.78%	266,341	23.43%
Autism Spectrum Disorder	8,902	7.10%	14,345	62.06%
Attention Deficit Disorders	12,081	9.64%	64,589	18.70%
Chemical Dependency Disorders	17,423	13.90%	120,057	14.51%
Any of the above	67,039	53.47%	311,660	21.51%

Defining the MH Population



- Prevalence of AHRQ clinical classification mental health diagnoses

MH CCS Category	Percent of non-HCBS Users	Percent of HCBS Users
Adjustment disorders	3.74%	5.37%
Anxiety disorders	10.49%	22.77%
Attention-deficit, conduct, disruptive behavior disorders	3.21%	6.52%
Developmental disorders	2.88%	10.89%
Disorders usually diagnosed infancy thru adolescence	0.54%	1.70%
Impulse control disorders, not elsewhere classified	0.27%	1.94%
Mood disorders	13.20%	32.49%
Personality disorders	1.42%	4.52%
Schizophrenia and other psychotic disorders	2.16%	12.50%

Analytic Approach



Tier 1 – *HCBS Users and Providers*

- 1) Utilization patterns and rates for each of the four user groups of interest
- 2) HCBS and mental health treatment use by people with an MH diagnosis
- 3) HCBS provider supply, distribution and caseload

High-level Findings



- HCBS utilization rates vary by age and diagnosis, but not necessarily by geography
- The types of HCBS used varies across the four populations
- HCBS use patterns look similar for those who do and do not receive MH treatment, but treatment received varies between those who do and do not receive HCBS
- Provider concentration similar across select services
 - May be some variation with HCBS user concentration

Tier 1 Research Questions



Assess Current HCBS Utilization

- Research Question #1: How are the four main DHS service recipient populations using HCBS? What is the rate of HCBS use?
- Purpose: To provide basic information on how these populations currently use HCBS, and how utilization rates differ, as a proxy for access.
- Data Source: Claims, assessment and eligibility files

Current HCBS Utilization: Results



- Flagged four broad DHS populations of interest
- Compared HCBS users to overall MMIS cohort
 - Major programs MA, AC, and Inst for Mental Disease (IMD)
 - HCBS users are older and more likely to have mental health diagnosis, including ADD, ASD or CDD

Age Category	MMIS Count by Category	Share of MMIS Population	HCBS User Count by Category	Share of HCBS Population	Rate of HCBS Use
Older Adults (65+)	84,969	7.7%	47,080	37.6%	55.4%
Children and Adults (under age 65)	1,018,091	92.3%	78,292	62.5%	7.7%
Children and Youth with MH diagnosis (< 18)	75,580	6.95%	12,491	10.0%	16.5%
Adults with MH diagnosis (18+)	236,080	21.4%	54,548	43.5%	23.1%

Current HCBS Utilization: Results



Percent of HCBS Users with MH diagnoses (including ADD, CDD and ASD) by Program

Program	Total FY13 count	Percent with an MH DX
Community Alternatives for Disabled Individuals	19,555	79.2%
Community Alternative Care	437	58.6%
Brain Injury	1,482	76.5%
Developmental Disabilities	16,295	58.6%
Alternative Care	4,098	15.1%
Elderly Waiver	28,572	37.0%
Personal Care Attendants	37,880	65.4%
Private Duty Nursing	1,321	51.4%
Consumer Support Grant	2,178	89.8%

Current HCBS Utilization: Results



- Age distribution of HCBS users
 - Cohort with MH diagnoses (including ASD, ADD or CDD) is younger

Age Category	HCBS User Count	Percentage of Total HCBS Users	Percentage of HCBS users with a MH Diagnosis
Between 0 and 14	17,192	13.7%	15.2%
Between 15 and 17	2,747	2.2%	3.4%
Between 18 and 20	3,226	2.6%	3.2%
Between 21 and 35	6,641	5.3%	5.2%
Between 26 and 34	10,506	8.4%	8.5%
Between 35 and 44	9,125	7.3%	8.9%
Between 45 and 64	28,849	23.0%	30.0%
Between 65 and 74	16,621	13.3%	11.6%
Between 75 and 84	15,044	12.0%	7.5%
Older than 84	15,415	12.3%	6.5%
Total	125,366	100.0%	100.0%

Current HCBS Utilization: Results



- HCBS use varies by cohort

HCBS Service	Percent of All HCBS Users	Percent of Users, 65+	Percent of Users, <65	Percent of Users, 18+ with MH dx	Percent of Users, <18 with MH dx
24 Hour Customized Living	9.4%	21.9%	2.8%	9.3%	0.0%
Assistive Technology	8.7%	15.8%	6.3%	10.4%	1.3%
Case Management	50.4%	60.0%	64.2%	57.8%	24.3%
Case Management: Aide, Para	13.4%	14.4%	18.5%	17.0%	7.6%
Case Management: Conversion	6.8%	15.9%	2.0%	6.7%	0.8%
Home Delivered Meals	10.0%	18.0%	7.5%	12.2%	0.0%
Home Health Service: Aide	4.5%	9.0%	2.6%	4.9%	0.1%
Home Health Skilled Nursing (Unit: visit)	26.5%	23.0%	41.1%	26.2%	5.2%
Homemaker Services (Unit: 15 mins.)	15.1%	28.4%	10.1%	16.9%	0.5%
PCA, 1:1 (Unit: 15 mins.)	26.9%	19.3%	45.2%	26.2%	57.2%
Supported Living Services, Adult Corporate (Unit: semimonthly)	5.4%	1.7%	10.9%	7.7%	0.00%
Transportation, One-way	9.6%	9.9%	13.5%	14.4%	0.2%

Current HCBS Utilization: Results



- Ratio of HCBS users to Minnesota residents below 100% of the federal poverty level
 - ACS data for 2008-2012

Rate of HCBS use increases appreciably with age

Age Category	HCBS User Count	Number of Residents Below 100% FPL (ACS)	Percent of Residents below Poverty Line using HCBS
Between 0 and 14	17,192	140,023	12.3%
Between 15 and 17	2,747	28,166	9.8%
Between 18 and 24	8,562	113,166	7.6%
Between 25 and 34	11,811	80,325	14.7%
Between 35 and 44	9,125	56,287	16.2%
Between 45 and 64	28,849	97,525	29.6%
Between 65 and 74	16,621	22,614	73.5%
Older than 74	30,459	32,041	95.1%

Current HCBS Utilization: Approach



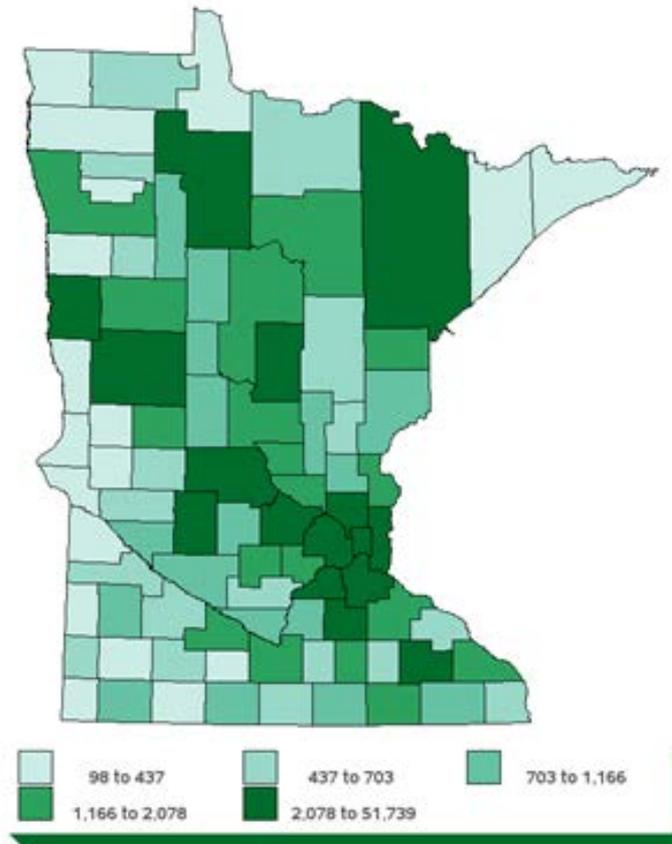
- Mapped HCBS users based on MMIS address data to explore geographic clustering
- Hennepin and Ramsey counties account for ~37% of the State's HCBS users

County	Percent HCBS Users	Percent of State's Population Below 200% FPL	Percent of Population Below 200% FPL using HCBS
Anoka	4.8%	4.0%	26.2%
Dakota	5.7%	4.3%	28.8%
Hennepin	24.9%	24.6%	22.2%
Ramsey	13.3%	14.2%	20.6%
Scott	1.4%	1.1%	27.0%
Washington	2.5%	2.3%	23.9%

Current HCBS Utilization



HCBS Users by County



Current HCBS Utilization among Individuals with a Mental Health Diagnosis



- Research Question #2: How are people with mental health (MH) and behavioral health diagnoses using (or not using) HCBS and MH treatment services?
- Purpose: Identify differences between HCBS users and non-users in the MH population, and identify how people with MH diagnoses use HCBS and how they use MH treatment services.
- Data Sources: Claims, eligibility and assessment files

Defining MH Treatment

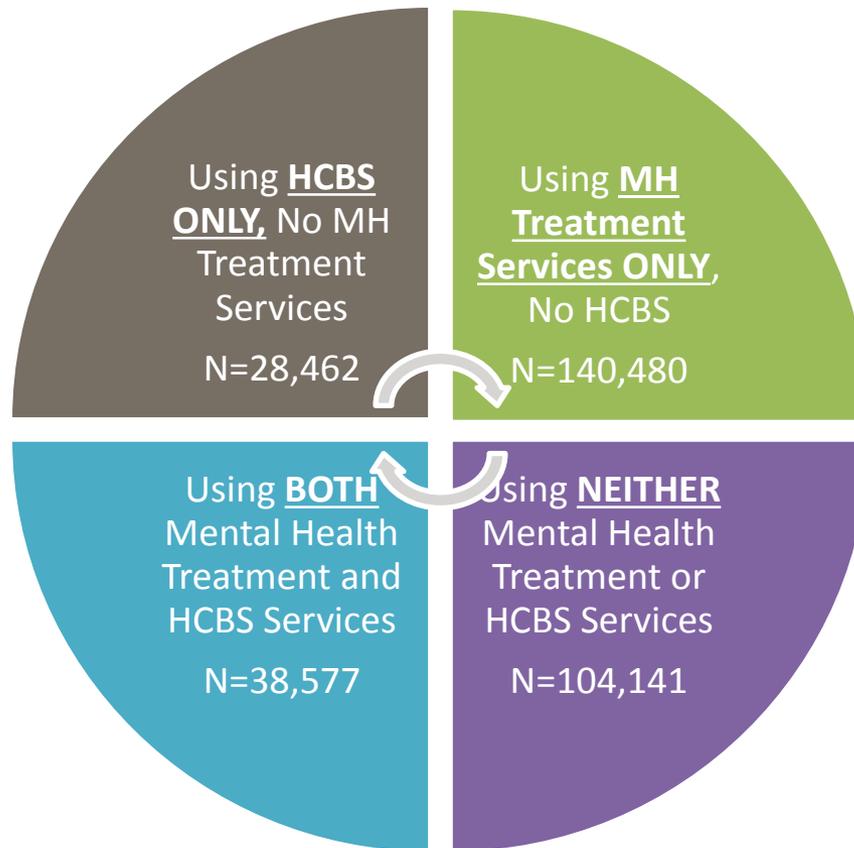


- Consensus definition of mental health treatment services

Treatment Service Category

00: E/M visit primary dx MH	11: Adult Rehabilitative MH Services
01: General Mental Health Services	12: Assertive Community Treatment
02: Neuropsychological Services	13: Residential Rehabilitation
03: MH Provider Travel	14: Child Therapeutic Services and Supports
04: Partial Hospitalization Services	15: Adult Crisis Response Services
05: MH Targeted Case Management	16: Child Crisis Response Services
06: Medication Monitoring	17: Certified Peer Specialist
07: Psychiatric Consultation to PCP	18: School Based IEP plan
08: Psychotherapy Services	19: Chemical Dependency Treatment
09: Adult Day Treatment	20: Other Category of Service 46 or 71
10: Dialectical Behavior Therapy OP	

MH Cohort Analysis



Profiling the Population with Mental Health Diagnosis



Variable	HCBS Users Not Receiving MH Tx	HCBS Users Receiving MH Tx	Individuals Receiving MH Tx but No HCBS	Individuals Not Receiving MH Tx or HCBS
Cohort Count	28,462	38,577	140,480	104,141
Median Age	56	45	30	32
Percent White	70%	71%	75%	74%
Percent Black	19%	20%	16%	16%
Percent Male	43%	47%	45%	47%
Medicare Part A or B Recipient	57%	52%	14%	13%
Percent with ADD Diagnosis	10%	24%	28%	13%
Percent with Chemical Dependency	23%	28%	37%	49%
Percent with Autism Spectrum Diagnosis	11%	15%	3%	1%

Use of HCBS and MH Treatment by the Population with a MH Diagnosis



- There are difference in HCBS utilization rates among those receiving and not receiving mental health treatment services

Service Group	HCBS Users Receiving MH Tx	HCBS Users Not Receiving MH Tx
Adult Day Care	4.4%	3.7%
Crisis Respite	0.8%	0.3%
Customized Living	6.3%	10.8%
DT&H	11.4%	5.9%
Companion Service	1.8%	2.4%
Home Delivered Meals	8.9%	11.3%
Homemaker	12.6%	15.9%
PCA	4.8%	5.3%
Respite	2.1%	2.5%
Supported Living	10.3%	4.7%
Transportation	14.9%	8.6%
Independent Living	9.5%	4.1%

Type of MH Treatment Used by Population with a Mental Health Diagnosis



Treatment Type	HCBS Users Receiving MH Tx	Non-HCBS Users Receiving MH Tx
00: E/M visit primary dx MH	54.4%	37.9%
01: General Mental Health Services	39.3%	42.9%
02: Neuropsychological Services	3.5%	2.0%
03: MH Provider Travel	23.2%	15.7%
04: Partial Hospitalization Services	0.6%	1.0%
05: MH Targeted Case Management	22.8%	11.6%
06: Medication Monitoring	37.5%	21.4%
07: Psychiatric Consultation to PCP	0.1%	0.0%
08: Psychotherapy Services	72.6%	78.8%
09: Adult Day Treatment	1.5%	1.2%
10: Dialectical Behavior Therapy OP	0.5%	0.7%

HCBS Use and MH Treatment



Treatment Type	HCBS Users Receiving MH Tx	Non-HCBS Users Receiving MH Tx
11: Adult Rehabilitative MH Services	14.4%	7.8%
12: Assertive Community Treatment	1.2%	1.1%
13: Residential Rehabilitation	1.7%	1.4%
14: Child Therapeutic Services and Supports	10.1%	10.0%
15: Adult Crisis Response Services	2.1%	2.0%
16: Child Crisis Response Services	0.3%	0.5%
17: Certified Peer Specialist	0.5%	0.1%
18: School Based IEP plan	0.6%	0.5%
19: Chemical Dependency Treatment	6.0%	17.7%
20: Other COS 46 or 71	3.5%	2.8%

Describe Current HCBS Providers



- Research Question #3: What is the number and distribution of unique providers who provided select HCBS in FY13? How do their caseloads vary? How does this distribution relate to service recipients?
- Purpose: To begin to estimate supply of select provider types, using those who were actually paid for a category of services as a proxy for the number of active providers, and to examine the geographic distribution of providers, including relative to service recipients.
- Data Sources: Claims, eligibility and provider files

Defining Provider Groups



- Collaborated with DHS staff to identify 14 provider types of interest
 - Roll-up of select services offered by a specific provider type
- Used “treating provider” information to determine the number of unique providers with at least one claim for at least one service in the provider group

Profile of Active HCBS Providers



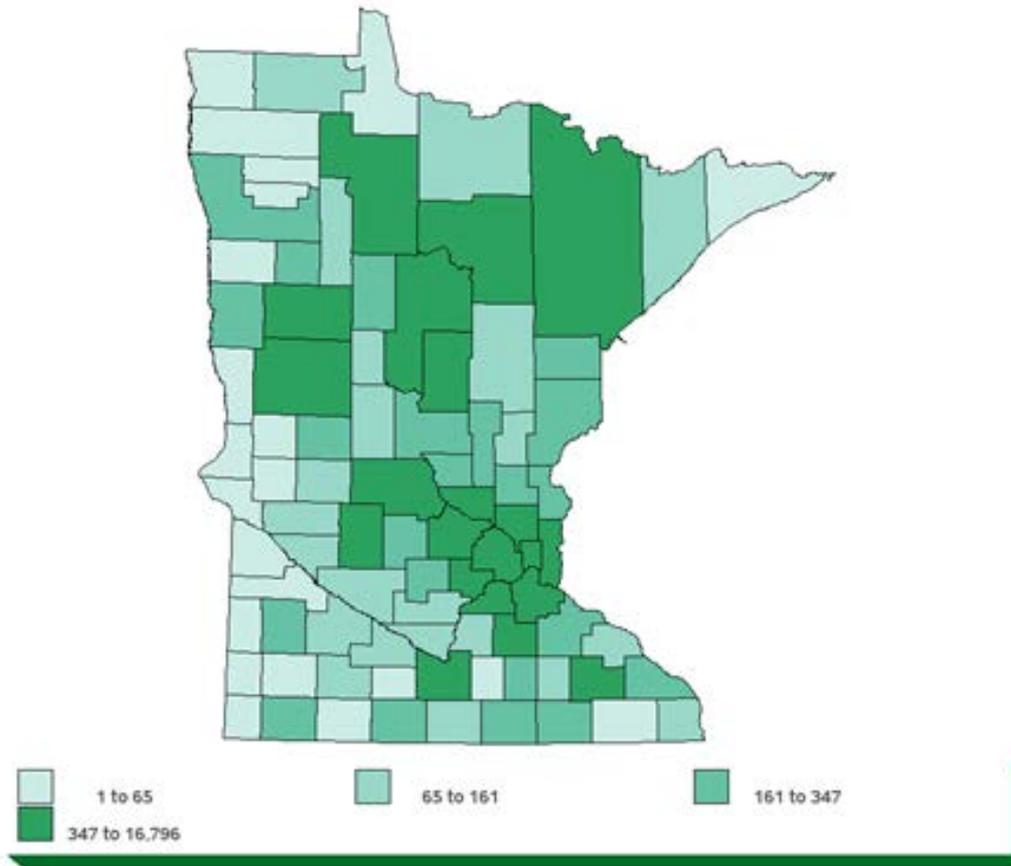
Service Provided	Number of Unique Active Providers ¹ in CY13	Average Number of Users per Provider ²
Adult Day Care	386	18.8
Crisis Respite	20	31.0
Customized Living	1,386	13.4
DTH	453	26.8
Chore Services	168	8.5
Companion Services	226	14.5
Home Delivered Meals	331	44.1
Home Health Services	290	8.8
Homemaker Services	1,265	17.0
PCA	49,891	2.5
Respite	519	8.0
Supported Living Services	1,575	18.1
Transportation Services	709	22.6
Independent Living Skills	329	22.2

¹ Providers with at least one claim for this service. ² Average calculated over 1-year period.

Current HCBS Providers: PCA



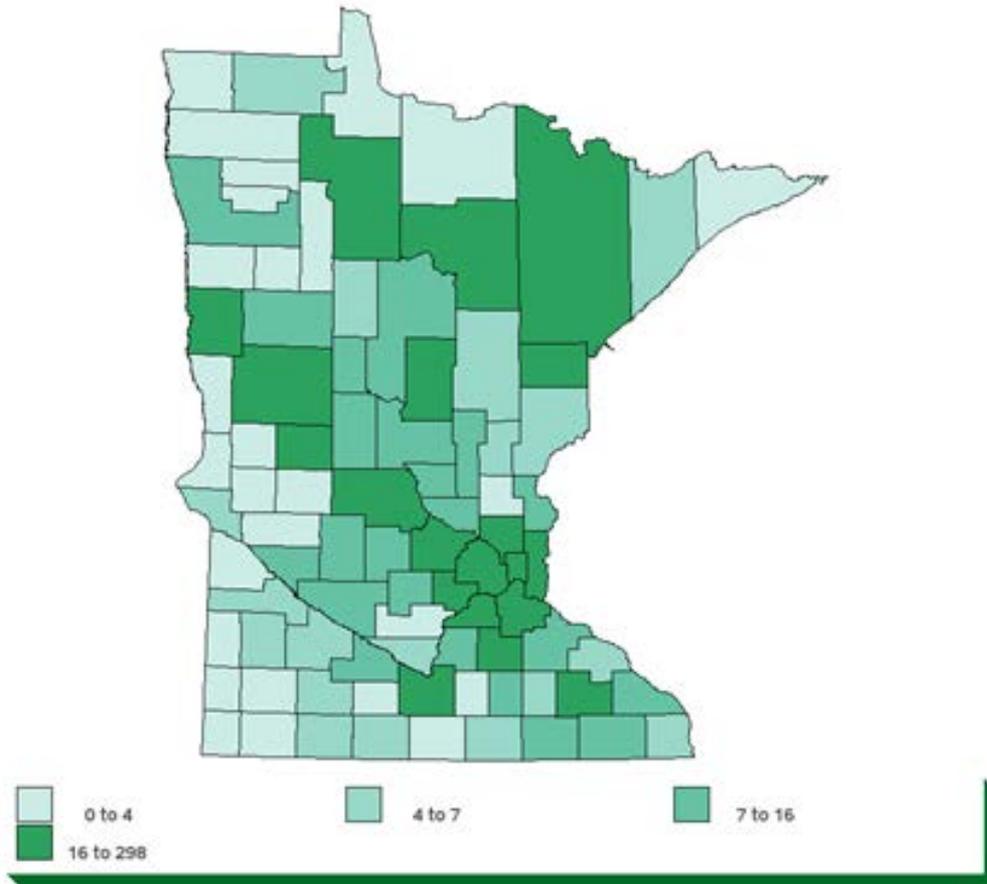
PCA Unique Providers by County for FY 2013



Current HCBS Providers: Customized Living



Customized Living Unique Providers by County for FY 2013



What's Next?



- Continue coordination with Gaps Analysis Study contractor, Wilder Research
- Complete Tier II analytic tasks
- Tier III analyses up next
- Critical Access Study to be completed July 2015

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