



Background and Recommendations Overview: A Roadmap to a Rational, Sustainable and Replicable System of LTC Services In the Eastern Adirondacks

Introduction

The fundamental purpose of this project- funded through a grant by the NYS Health Foundation - is to develop a multi-faceted strategic action plan to ensure access to a range of high-quality long term care services and supports (LTCSS) in the Eastern Adirondacks. The current service infrastructure is fragmented, unbalanced, unsustainable and at immediate risk of being further compromised due to financial and other pressures.

Assessing Service Demand and Supply

We developed a LTCSS Demand Projection Model for the six counties of the Eastern Adirondacks region (i.e., Clinton, Essex, Franklin, Hamilton, Warren and Washington counties) that takes into consideration:

- Changes in demand for five major services (nursing home, assisted living program, home health care, personal care and adult day health care)
- Baseline utilization patterns
- Demographic projections
- A number of key assumptions based on research and group discussion:
 - The projected growth in the 65+ population will increase demand for most health care services including acute care, nursing home, home care, home and community based services and other LTCSS.
 - The implementation of mandatory Medicaid managed care will change utilization of LTCSS, with greater incentives to serve beneficiaries in the least expensive and restrictive settings, and to utilize a broad range of LTCSS and social supports.
 - Growing penetration of Medicare Advantage plans and other care management programs will reduce hospitalizations and the use of post-acute services, and delay the need for institutional LTCSS.
 - The decrease in the number of available informal caregivers will increase the demand for some health care services including home care, adult day health care (ADHC), assisted living and other home and community based services (HCBS)
 - An increase in the percentage of individuals 65+ living alone will increase demand for home care, ADHC and other HCBS, and will bolster the demand for residential care that nursing homes and assisted living programs (ALPs) provide.

Key Findings from Current Health Care Utilization Data

1. The 2016 NY Certificate of Need Demand estimate for nursing home beds in the North Country show a shortage of 432 beds.
2. The 2015 NY Certificate of Need Demand estimate for ADHC shows a shortage of about 100 slots.
3. The percentage of acute care patients discharged to home with home care is about 40% lower than the state average.
4. Medicaid revenue as a percentage of total revenue is 65 percent higher for North Country CHHAs than the upstate average.
5. Caregiver ratios are declining faster in the North Country at about 35% from 2010 through 2030 and remain flat through 2040.
6. About 40% of senior households are households of one based on the 2010 Census.

Key Findings from the Demand Projection Model

1. Demand for nursing home services will increase between 2010 and 2015 and then begin to decrease between 2015 and 2040.
2. There will be an increase in demand for all other types of services in the model between 2015 and 2040: ALP, home health care, personal care and ADHC.

Draft Recommendations

1. **Increase alternatives to nursing home services** by promoting the expansion of assisted living for Medicaid-eligible and low-income seniors and expanding adult day care and home care access and capacity. The projected population growth for adults 80+ in the region is expected to decline by about 3% between 2010 and 2020 and then grow by more than 25% each of the following two decades. Current estimates show that there are already shortages of nursing home beds, assisted living units and adult day health slots in some or all counties in the region. This recommendation includes creating the array of services and facilities to ensure adequate access to and funding for affordable senior housing and community medical and non-medical based services allowing individuals to age in place, engage in the community and lead purposeful lives.
2. **Address health care workforce availability and preparation for realigned service delivery.** The current availability of home health staff is one reason this region sees about 40% fewer patients referred to home health following acute care than the state average. The caregiver ratio is also declining by about 35% from 2010 to 2030 and then remains flat through 2040. This recommendation proposes interventions that enhance the ability to serve older adults in their homes by expanding the consumer directed personal assistance program, creating regional coalitions to address worker recruitment and retention, facilitating better use of professional and paraprofessional skills, and enhancing workforce education and training in care management, technology and other areas.

3. **Address other service infrastructure issues.** Currently some areas of the North Country are not able to maximize the use of telehealth or technology due to limited internet and broadband access limiting opportunities to increase efficiencies through technology. This recommendation includes improving telehealth and telemedicine capacity, expanding hospice and palliative care awareness and access, and pursuing regulatory reforms that will be needed to reconfigure and sustain LTCSS in rural areas.
4. **More fully develop the concept of Villages for Successful Aging/Medical Villages** with the goal of efficiently utilizing existing resources and consolidating the essential health, wellness, prevention, care coordination and social programs required for successful aging. Based on the population growth and an estimated 30 miles or 45 minute maximum drive time for area elders we believe there is a need for four to five Villages which would be co-located with existing senior living campuses. These Villages would have a wide array of both medical and non-medical services that are easily accessible.
5. **Promote adoption of health information technology and exchange among long term care service providers** and other providers and practitioners to create efficient and effective care delivery programs and services across all sites of care and in the community. Currently, long term care providers have limited access to health information prior to transfer and in the community on clients they serve; the acute care providers and community physicians also do not have access to ongoing services provided by long term care providers. This recommendation focuses on innovative ways to provide an elder with a personal health record that is comprehensive and easily accessible by all care team members.
6. **Increase the Medicaid funding available to rural, essential services** to assure that nursing home, home health care, adult day care and other services are available within a reasonable driving distance (within 30 miles). Providers who meet the essential services definition or have XX% (TBD) of total services provided to Medicaid participants would be provided a supplemental payment to compensate them for the higher costs per unit associated with small size and/or geographically dispersed patient volume.