Alzheimer's Disease and Other Related Dementias: TennCare Health Policy Overview

Glossary of Terms

- **Long-Term Services and Supports (LTSS)** – primarily non-medical services and supports used by older adults and people with disabilities who have functional limitations and need assistance to perform activities of daily living
  - Can be provided in an institution **or** home and community-based setting
- **Home and community-based services (HCBS)** – services and supports delivered in the home, on the job, or in other community settings that promote the independence, health, well-being, self-determination, and community inclusion of a person who needs LTSS

Serving People With Alzheimer's Disease and Related Dementia in TennCare

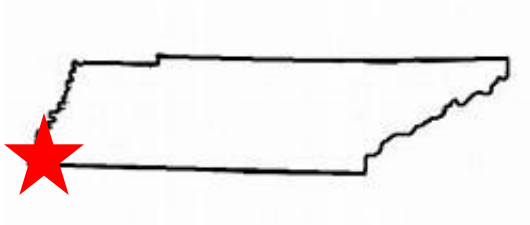
Diagnosis (dx) of Alzheimer's Disease or Related Dementia (**Enrollment**)

Approximately **18,000** TennCare members (~1.5%) have a dx of Alzheimer's Disease or Dementia

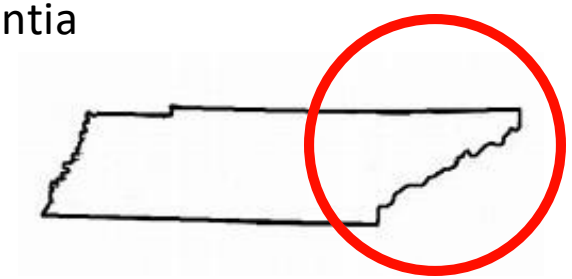
Diagnosis (dx) of Alzheimer's Disease or Related Dementia (**Ages**)

Alzheimer's Disease and/or Dementia dx: **83.8%** are **65 years or older** and **14.1%** are **45-64 years**

Shelby Co. has the highest number of people served through the Medicaid program with a dx of Alzheimer's Disease or dementia



East TN = region with the highest percentage of the Medicaid population with a dx of Alzheimer's Disease or dementia



* Data as of Dec 2019

Serving People With Alzheimer's Disease and Related Dementia in TennCare LTSS

Where People Are Served

Approximately **44%** are living in nursing facilities

Approximately **36%** currently live in a home with a caregiver

Approximately **5%** currently live alone

* Remaining 15% of the population are served in assisted living facilities or other community residential settings such as Community Living Supports

HCBS Utilization

Highest utilized HCBS services by claim are

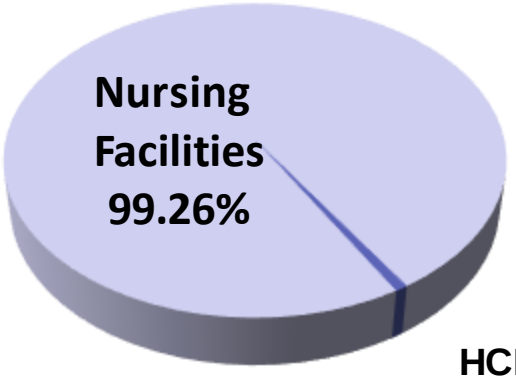
- **attendant care/personal care**
- **home delivered meals**
- **respite**

System Planning for: Long-Term Care

The LTSS System in Tennessee

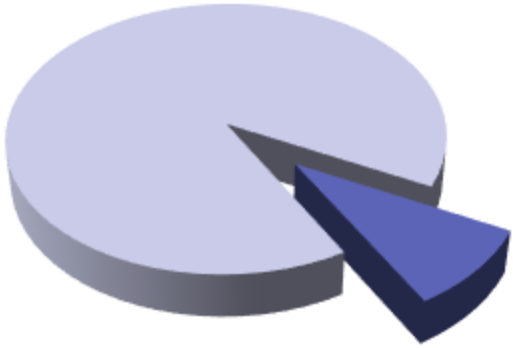
- **Fragmented** - carved out of managed care
- **Limited options and choices**
- **Heavily institutional** - dependent on new funding to expand HCBS

TennCare CHOICES in Long-Term Services and Supports



FY 1999

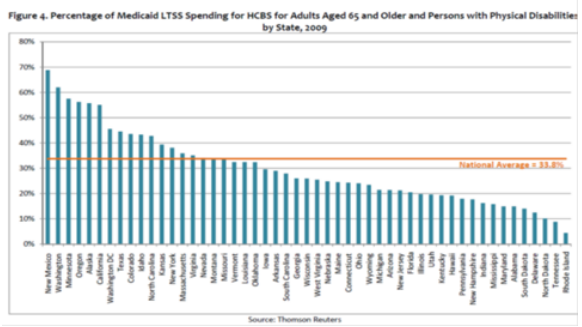
< 1% HCBS



FY 2009

~ 10% HCBS

Tennessee was **49th in the country** in terms of the percentage of LTSS expenditures for HCBS among older adults and adults with physical disabilities



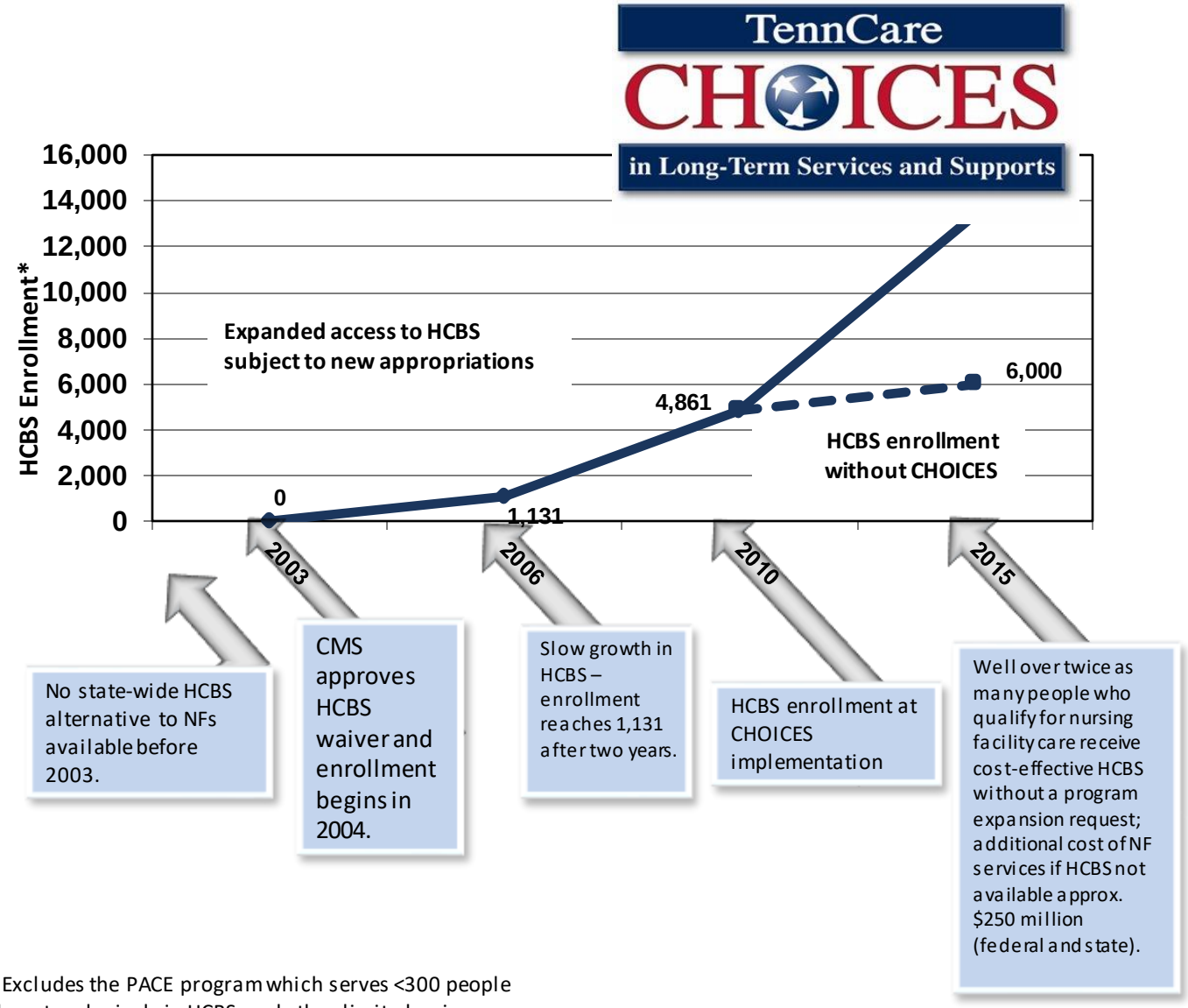
Long-Term Care Community Choices Act of 2008

- Comprehensive reform legislation designed to solve existing problems, meet future demand of the growing aging population, add choices and options, and ensure cost effectiveness and sustainability
  - **Reorganize** – Decrease fragmentation and improve coordination of care
  - **Refocus** – Increase options/expand access to HCBS
  - **Rebalance** – Serve more people using existing LTSS funds, create a more sustainable system

- Significant input from aging and disability consumer groups, including AARP, nursing facility industry representatives and other long term care providers

- Passed *unanimously* by the General Assembly without a single no vote in any committee, subcommittee, or the floor of both houses

Access to HCBS Before and After



- **Global budget approach:**

➢ Limited LTSS funding spent based on needs and preferences of those who need care

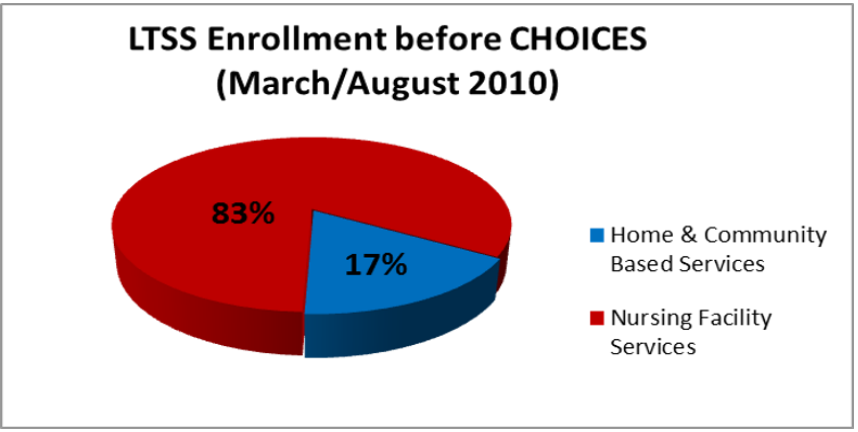
➢ More cost-effective HCBS serves more people with existing LTSS funds

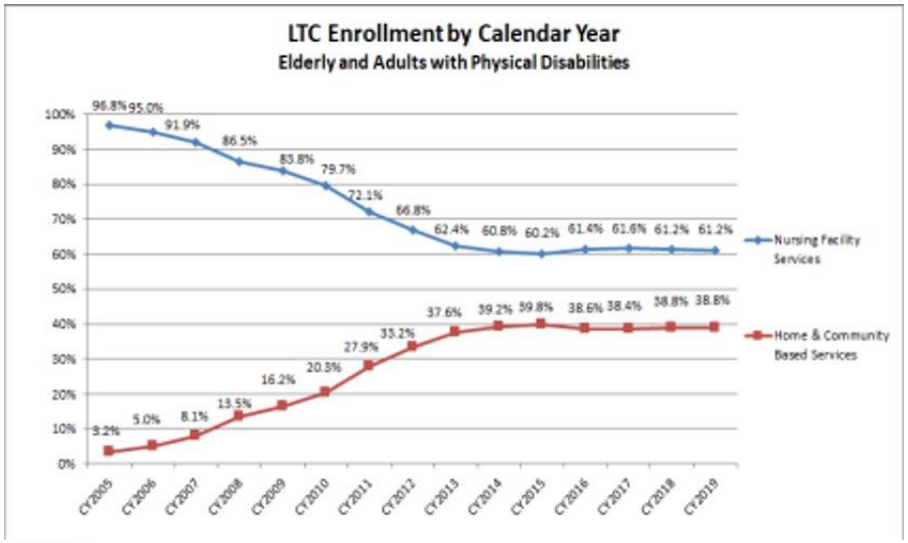
➢ Critical as population ages and demand for LTSS increases

HCBS waiting list eliminated in CHOICES

* Excludes the PACE program which serves <300 people almost exclusively in HCBS, and other limited waiver programs no longer in operation.

Expanding HCBS; System Balancing





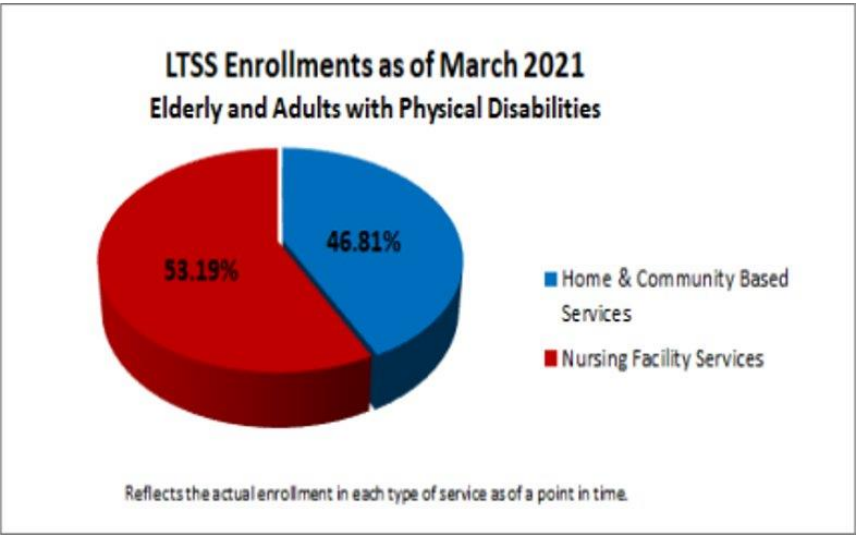
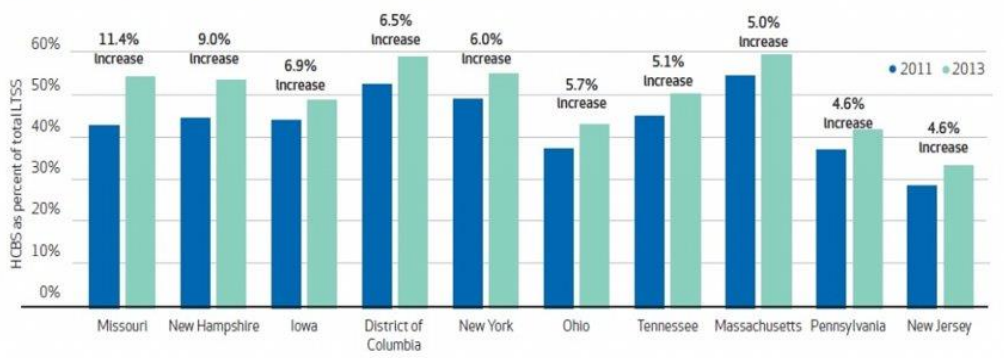


EXHIBIT 2

States with the Greatest Increase in Medicaid Home and Community-Based Services (HCBS) Expenditures as a Percentage of Total Medicaid Long-Term Services and Supports Expenditures, FY 2011–13



SOURCE "Medicaid Expenditures for Long-Term Services and Supports in FFY 2013," Truven Health Analytics, June 30, 2015, page 9.

TennCare Choices in LTSS

Benefit Group	Group 1	Group 2	Group 3
Target population	TennCare-eligible individuals of all ages who meet medical (level of care) eligibility for nursing facility services	TennCare-eligible older adults (age 65+) and adults (age 21+) with physical disabilities who meet medical (level of care) eligibility for nursing facility services but choose and can be safely served with HCBS	SSI-eligible older adults (age 65+) and adults (age 21+) with physical disabilities who do not meet medical eligibility (level of care) for nursing facility services but are at risk of NF placement and can be safely served with HCBS

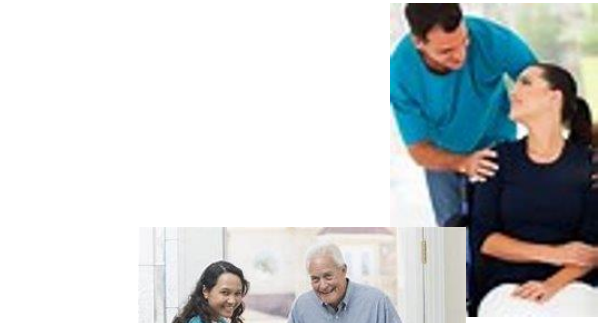
TennCare CHOICES in Long-Term Services and Supports

Choices HCBS

Examples include:

- Personal Care Visits or Attendant Care
- Home-Delivered Meals
- Assistive Technology
- Minor Home Modifications
- Personal Emergency Response System
- Community Living Supports

  or Assisted Care Living Facility



Comprehensive Person-Centered Support Planning and Coordination

- Comprehensive needs assessment
- Individualized goal-setting
- Risk assessment and mitigation – fall prevention, preventative and screening services, smoking, obesity, etc.
- Coordination of physical health, behavioral health, LTSS and other social support services and assistance (e.g., food, housing or income assistance) needed to ensure the member's health, safety, and welfare in the community and to delay or prevent the need for institutional placement
- Caregiver assessment and action planning

Helping your patients access assistance

Eligibility for LTSS

- To receive ***any*** kind of Medicaid benefit, a person **must qualify for Medicaid**, i.e., meet categorical and financial eligibility criteria (**determined by TennCare Member Services**)

- People who need LTSS (in a nursing facility or in the community) have higher income standards (may qualify for Medicaid when they otherwis would not)—generally, for LTSS:
  - Income limited to $2,382 per month for 2021 (or a Qualifying Income Trust)
  - Assets limited to $2,000 (excluding home where you live)—if the person is married, significant part of jointly owned assets are attributed to the spouse and not counted for the person applying
  - Cannot have given away or sold anything for less than fair market value in the last five (5) years

Eligibility for LTSS

- To receive Medicaid reimbursed LTSS**, a person must meet medical eligibility criteria (determined by TennCare LTSS)**
  - Also called "level of care" eligibility—generally for the applicable type of medical institution (nursing home) where the person will receive services, or to which HCBS will be provided as an alternative or to delay/prevent placement (called "at risk")
  - Largely based on functional deficits in person's ability to perform Activities of Daily Living (ADLs) or related activities, **but <u>not</u> limited to those impacted only by physical limitations**
  - Also considers need for certain skilled or rehabilitative services
  - Pre-Admission Evaluation (PAE) application

Medical Eligibility for LTSS

ADL (or related) Deficiencies		Weights					
Functional Measure	Condition	Always	Usually	Usually Not	Never	Max Individual Score	Max Acuity Score
Transfer	Highest value of two measures	0	1	3	4	4	4
Mobility		0	1	2	3	3	
Eating		0	1	3	4	4	4
Toileting	Highest value of three possible questions for the toileting measure	0	0	1	2	2	3
Incontinence care		0	1	2	3	3	
Catheter/ostomy care		0	1	2	3	3	
Orientation		0	1	3	4	4	4
Expressive communication	Highest value of two possible questions for the communication measure	0	0	0	1	1	1
Receptive communication		0	0	0	1	1	
Self-administration of medication	First question only (excludes SS Insulin)	0	0	1	2	2	2
Behavior		3	2	1	0	3	3
Maximum Possible ADL (or related) Acuity Score							21

NF LOC Acuity Scale

- Each ADL or related deficiency is weighted based on the amount of assistance that would be required for a person with that type and level of deficiency
- **Response must be supported by medical evidence submitted with the PAE**

Medical Eligibility for LTSS

Skilled Services	
Ventilator	5
Frequent tracheal suctioning	4
New tracheostomy or old tracheostomy requiring suctioning through the	3
Total Perenteral Nutrition (TPN)	3
Complex wound care (i.e., infected or dehisced wounds)	3
Wound care for stage 3 or 4 decubitus	2
Peritoneal dialysis	2
Tube feeding, enteral	2
Intravenous fluid administration	1
Injections, sliding scale insulin	1
Injections, other IV, IM	1
Isolation precautions	1
PCA pump	1
Occupational Therapy by OT or OT assistant	1
Physical Therapy by PT or PT assistant	1
Teaching catheter/ostomy care	0
Teaching self-injection	0
Other	0
Maximum Possible Skilled Services Acuity Score	**5**

- Specified skilled or rehabilitative services also have a weighted value
- Total ADL (or related) Acuity Score is added to the skilled services Acuity Score
- A combined score of 9 or above meets NF LOC
- NF LOC may also be approved based on a Safety Determination

Maximum Possible ADL (or related) Acuity Score		Actual Score
Maximum Possible Skilled Services Acuity Score	+	**Actual Score**
	=	
Maximum Total NF LOC Acuity Score		**26**

Safety Determination Request

- An applicant with a total acuity score of less than nine (9) may qualify for nursing home care or a comparable level of home-based case based on a safety determination
- A Safety Determination request must be submitted (by a qualified assessor) in order to be reviewed
- Must include medical documentation to support the safety concerns
- Must substantially impact the person's ability to live safely in the community—resulting in the need for nursing home care or nursing home *level of care* in the community

Safety Determination Request

- Approved **total** acuity score of at least five (5) and safety concerns
  - ✓ Documentation of safety concerns is required
- **Approved individual acuity score of at least three (3) for the mobility or transfer** measures and the absence of frequent intermittent assistance for mobility or transfer needs would result in imminent and serious risk to the applicant's health and safety
  - ✓ Documentation of mobility/ transfer deficits and lack of availability of assistance for mobility/transfer needs is required
- Approved **individual** acuity score of at least two (2) for the **toileting** measure, and the absence of frequent intermittent assistance for toileting needs would result in imminent and serious risk to the applicant's health and safety
  - ✓ Documentation of toileting deficits and lack of availability of assistance for toileting needs is required

Safety Determination Request

- Approved individual acuity score of at least three (3) for the Orientation measure **and** the absence of frequent intermittent or continuous intervention and supervision would result in imminent and serious risk of harm to the applicant and/or others
  - ✓ Documentation of the impact of such deficits on the applicant's safety, including information or examples that would support and describe the imminence and seriousness of risk is required
- Approved individual acuity score of at least two (2) for the Behavior measure **and** the absence of intervention and supervision for behaviors at the frequency specified in the PAE would result in imminent and serious risk of harm to the applicant and/or others
  - ✓ In addition to information submitted with the PAE, information or examples that would support and describe the imminence and seriousness of risk resulting from the behaviors is required

Safety Determination Request

- A significant change in physical or behavioral health or functional needs, or the applicant's caregiver has experienced a significant change in physical or behavioral health or functional needs which impacts the availability of needed assistance for the applicant
  - ✓ Documentation of change and impact is required
- A pattern of recent falls resulting in injury or with significant potential for injury or a recent fall under circumstances indicating a significant potential risk for further falls
  - ✓ Documentation of falls is required; Fall Form may be utilized
- Established pattern of recent emergent hospital admissions or emergency department utilization for emergent conditions or a recent hospital or NF admission or episode of treatment in a hospital emergency department under circumstances sufficient to indicate that the person may not be capable of being safely maintained in the community (not every hospital or NF admission or ER episode will be sufficient support)
  - ✓ Documentation of pattern and safety concerns required

Safety Determination Request

- Behaviors or a pattern of self-neglect has created a risk to personal health, safety and/or welfare that has prompted intervention by law enforcement or Adult Protective Services.
  - A report of APS or law enforcement involvement is sufficient by itself to require the conduct of a Safety Determination (but not necessarily the approval of a Safety Determination)
- Recently discharged from a community-based residential alternative setting (or such discharge is pending) because the applicant's needs can no longer be safely met in that setting;
- Diagnosed complex acute or chronic medical conditions which require frequent, ongoing skilled and/or rehabilitative interventions and treatment by licensed professional staff
- Requires post-acute inpatient treatment for a specified period of time to allow for stabilization, rehabilitation or intensive teaching in order to facilitate a safe transition into the community
  - ✓ Documentation is required in each instance

Safety Determination Request

- Other safety concerns which impact the applicant being safely served with a lesser benefit package
  - ✓ A detailed description of the safety concern and sufficient evidence showing the necessary intervention and supervision needed by the applicant must be included

* Note: there are a couple more scenarios specific to MCO determinations and the PACE program

Medical Eligibility for LTSS

- **People with only cognitive (not physical) limitations from Alzheimer's Disease or related Dementias *can* and *do* qualify for LTSS**
- Medical documentation is required to support all ADL and ADL-related deficits, including safety concerns
- Acceptable documentation may include a history and physical, physician or nurse's notes, cognitive status assessments, etc.
- Medical records often do not reflect ADL and related deficits
- People may experience delays in accessing medical records
- Physician certification required for nursing home care

PASRR Requirements for NFs

- **P**re-**A**dmission **S**creening and **R**esident **R**eview
- Part of Nursing Home Reform Law – OBRA ’87
- Intended to address concerns that persons with mental illness (MI) or an intellectual disability (ID) or related condition were being *inappropriately* placed in Nursing Facilities without specialized services for their MI or ID
- **3 goals of PASRR:**
  - Identify ***all*** individuals with mental illness and/or intellectual disability
  - Ensure they are placed appropriately, whether in the community or in a NF
  - Ensure that they receive the services they require for their MI or ID (wherever they are placed)

PASRR Requirements for NFs

- **2 components of PASRR:**
  - A Level I screening of ***all**** new admissions to ***all*** Medicaid certified NFs (regardless of payment source) to identify known or suspected diagnoses of MI/ID
  - A Level II evaluation for all positive screens to:
    - Confirm or disconfirm a positive Level I or prior Level II
    - Determine whether placement or continued stay in the requested or current NF is appropriate
    - Enumerate the MI/ID services the individual needs, including services the NF can provide under its per diem and services that must be arranged separately ("specialized services")

- If a Level I screening is positive (and exemptions not met), the person should **not** be admitted to NF pending Level II evaluation, and Medicaid reimbursement cannot be provided until the Level II evaluation is complete and the person found appropriate for NF placement

* Exempted hospital discharges applicable only to a NF stay expected to be less than 30 days; also advance categorical determinations

PASRR Requirements for NFs

- **Dementia Exemption:**
  - A person with MI/ID is exempt from the PASRR process if they have a primary diagnosis of Dementia
  - They may be exempt if Dementia is the secondary diagnosis (including Alzheimer's disease and related disorders) as long as the primary diagnosis is not a major mental illness
  - The primary or secondary diagnosis of dementia (including Alzheimer's disease and related disorders) must be based on a neurological examination
  - The physician must certify the diagnosis

Helping your patients with Alzheimer's Disease and Related Dementias apply for TennCare CHOICES

If the person has TennCare:

The person (or someone assisting them) can call the person's TennCare health plan (MCO). The number is on the person's TennCare ID card.

If the person does not have TennCare:

The person (or someone assisting them) can contact their local Area Agency on Aging and Disability (AAAD) for free at **1-866-836-6678.**

If the person does not qualify for Medicaid, the AAAD can talk with them about other programs that may help:

- Older Americans Act Programs
- State-funded Options Program