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# Comparing Medicaid Long-Term Care Waiver Programs



Glenn M. Landers, MBA, MHA and James P. Cooney, Jr., PhD



## Introduction

Comparisons of Medicaid home and community based services (HCBS) waiver programs are not well-documented. This study was undertaken to provide Georgia's Department of Community Health with evidence for resource allocation decisions.

## Objective

Compare the costs and care outcomes of two Georgia Medicaid home and community based waiver programs for older adults.

## Population Studied

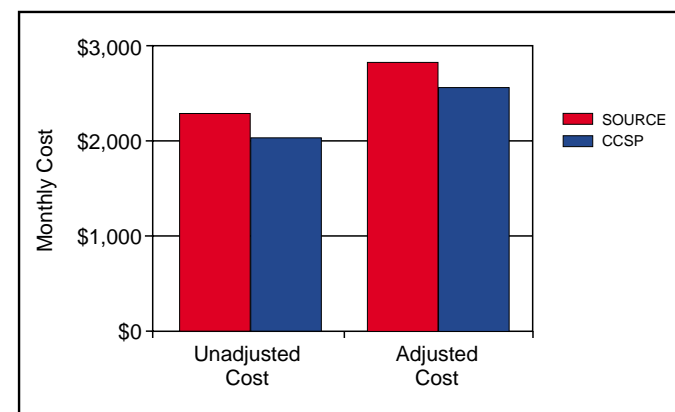
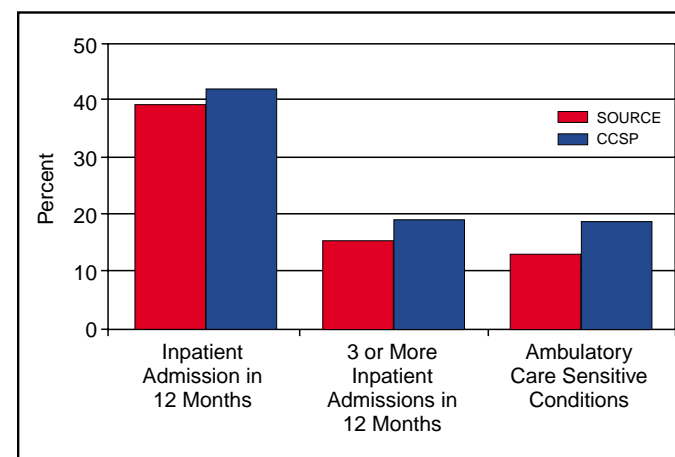
- 14,724 Georgians who qualified for institutional placement in 1999 but received services from one of two Medicaid waiver programs. The Community Care Services Program (CCSP) is a traditional Medicaid home based waiver program. Service Options Using Resources in a Community Environment (SOURCE) is a demonstration project that incorporates primary care physician oversight and enhanced case management.

## Methods

- Retrospective cohort analysis of Medicaid and Medicare claims for the years 1998, 1999, and 2000.
- Illness severity adjustment using the DCG-HCC model adapted for Medicare and Medicaid.
- Multivariate analysis used to compare adjusted cost.

## Results Obtained

- Patients were similar in age.
- Patients were significantly different in race (.01), gender (.05), and urban/rural residence (.01.)
- More CCSP clients were dually eligible, and more SOURCE clients were Medicaid-only.
- Both CCSP and SOURCE clients used significantly more (.01) Medicare home health prior to program admission.
- Patients of both programs used ER, outpatient, and therapy services similarly.
- At the end of 12 months, nine percent of each programs' patients resided in nursing facilities.
- Illness severity scores of SOURCE patients were significantly higher than CCSP patients (4.0 versus 3.8).



For more information, please contact the Georgia Health Policy Center at 404-651-3104.

## Conclusions

- If payment drives placement, higher rates of inpatient hospitalization for CCSP clients may be a function of its higher ratio of patients with dual eligibility.
- Medicaid financed home health services, delivered through waiver programs, may substitute for Medicare home health.
- Primary care physician oversight and enhanced case management may reduce ambulatory care sensitive conditions resulting in hospital admission and frequent hospitalizations overall when incorporated into a Medicaid waiver program for older adults.

## Implications for Policy or Practice

- The introduction of primary care physician oversight and enhanced case management to Medicaid waiver programs for older adults may improve patient care at similar cost.
- Aligned payment policies may remove the incentive to transfer dually eligible patients.
- Based on differences in patient illness severity, states may have reason to continue multiple Medicaid waiver programs for similar populations.

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