Comparing Medicaid Long-Term Care Waiver Programs

Glenn M. Landers

James P. Cooney

Follow this and additional works at: https://scholarworks.gsu.edu/ghpc_materials

Recommended Citation
https://scholarworks.gsu.edu/ghpc_materials/136

This Article is brought to you for free and open access by the Georgia Health Policy Center at ScholarWorks @ Georgia State University. It has been accepted for inclusion in GHPC Materials by an authorized administrator of ScholarWorks @ Georgia State University. For more information, please contact scholarworks@gsu.edu.
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
• 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).

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.

The research team would like to thank the Georgia Department of Community Health for research support and the Centers for Medicare and Medicaid Services for assistance with data acquisition.

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