

Legislative Report
H.201
No 0060. An Act relating to Hospice & Palliative
Care
Section 4. Enrollment in Hospice and Application to
Choices for Care

January 2012

Department of Disabilities, Aging and Independent Living
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Executive Summary

This report is the first report of findings to the House Committee on Human Services and the Senate Committee on Health and Welfare.

In 2011, the Vermont legislature directed the Department of Disabilities, Aging and Independent Living to make changes in Choices for Care eligibility and to evaluate the impact of this change to:

1. Allow individuals who have been admitted to hospice to apply for Choices for Care; and
2. Ensure that individuals who have been admitted to hospice are treated no differently from those individuals who first become enrolled in Choices for Care and then later are admitted to hospice.

The revised policy is for a one-year trial period beginning July 1, 2011 and ending June 30, 2012 with an interim report due no later than January 31, 2012.

DAIL and the Vermont Assembly of Home Health and Hospice Agencies (VAHHA) agreed upon methods to be used for the evaluation measures identified in Section 4 of Act 60 and collaborated with representatives from home health agencies and hospice organizations to collect relevant evaluation measures. These measures lead to the following conclusions:

1. There is no evidence that the change in policy has had a significant impact on the number of people using hospice, Choices for Care, or the combination of hospice and Choices for Care.
2. There is no evidence that the change in policy has had a significant impact on Medicaid expenditures.
3. There is no evidence that the change in policy has had an impact on length of stay in hospice or Choices for Care.
4. There is no evidence that the change in policy has had an impact on the time that applicants wait to receive CFC services.
5. There is no evidence that the change in policy has had an impact on the number of people who are denied eligibility for Choices for Care.

DAIL makes the following recommendations:

1. DAIL recommends that the policy change be extended through SFY12.
2. DAIL recommends that the evaluation measures for people receiving both hospice and CFC be revised, as follows:
 - a. Discontinue three measures:
 - i. CFC length of stay,
 - ii. Time to obtain CFC services, and
 - iii. Number of people found ineligible for CFC.
 - b. Add two measures:
 - i. CFC setting when people are first enrolled in both Hospice and CFC,
 - ii. CFC setting at time of death.

Overview

Act 60 explores reasons for low participation in hospice in Vermont, and methods to remove barriers and increase hospice participation. Act 60, Section 4 intends to determine if Choices for Care (CFC) eligibility policy has represented a disincentive for people to enroll in hospice.

Previous CFC policy allowed a person participating in CFC to also enroll in hospice, based on need. This policy was ‘one way’, in that it did not allow people who had enrolled first in hospice to then also receive CFC home and community based services. This led to the conclusion that some people were not enrolling in hospice (or were delaying enrollment in hospice) because they were choosing to apply first to CFC.

On June 29, 2011 DAIL sent a memo to all CFC and hospice providers informing them of the change in policy regarding dual participation in CFC and hospice. The revised policy, effective July 1, 2011, treats individuals who are on hospice at time of CFC application no differently than CFC applicants who are not enrolled in hospice at time of CFC application. This allows people who are enrolled in hospice and have an unmet need to receive CFC home-based services. The change in policy also allows people who are enrolled in hospice to receive increased CFC home-based services.

The goal of the new policy is to eliminate a barrier that may prevent people from choosing hospice services. This should help to support individual choice, improve quality of care, improve quality of life, and help to support people who are dying in their own homes.

Evaluation measures

The legislature established measures that were intended to evaluate the impact of the change in CFC policy:

1. The number of patients receiving hospice services;
2. The number of patients receiving both hospice and Choices for Care;
3. The fiscal implications of the change in policy;
4. The length of stay on hospice;
5. The length of stay in Choices for Care;
6. The length of time to obtain Choices for Care services once the application process is initiated; and
7. The number of patients found ineligible for Choices for Care.

DAIL staff met with representatives of home health agencies and hospice organizations to define the data, data source and time frames for these evaluation measures. Hospice providers are providing DAIL with information for measures 1, 2, and 4, above. DAIL itself is providing the data for measures 2, 3, 5, 6, and 7. To establish a basis for the effect of the policy change, quarterly baseline information was gathered for the state fiscal year preceding CFC policy change.

DAIL data sources include DAIL’s program management database (SAMS) and Medicaid claim information from the state of Vermont’s Medicaid Management Information System (MMIS) through Hewlett Packard (HP). Because claims data is not complete until three (3) months after the date of service, this report includes information through the first quarter of SFY12.

Findings

A. Hospice, Hospice and CFC Unduplicated Totals – measures # 1 and # 2

Table 1 below shows (1) the total number of people served in hospice in all settings, including all payment sources, (2a) the total number of people on hospice and CFC receiving home based services, percentage of people who received hospice and CFC services in the same quarter.

Table 1. Unduplicated Numbers of People Receiving Hospice and CFC home-based services

	Qtr 1 7/10- 9/10	Qtr 2 10/10- 12/10	Qtr 3 1/11- 3/11	Qtr 4 4/1/11- 6/11	Qtr 1 7/11- 9/11
1. Total # People On Hospice (All Payers & Settings) Unduplicated	586	569	548	578	665
2a.# Hospice & CFC Home Based Unduplicated	20	16	10	9	18
CFC & Hospice As % Of Total Hospice	3%	3%	2%	2%	3%

Data Source: Hospice Providers

1. Hospice

As reported by hospice providers, the total number of people served on hospice has increased. The relationship, if any, of the change in CFC policy to this increase is unknown.

2. Hospice and CFC

The percentage of people receiving both hospice and CFC home-based services over the reporting period does not indicate any significant change.

B. Fiscal Implications of Policy Change – measure #3

DAIL identified 28 people in quarter 1 of SFY 11 with paid Medicaid claims for hospice and CFC home-based services for the reporting period. (The data assumption is that if there was a paid hospice claim and a paid CFC claim within the same quarter, the person received both hospice and CFC.)

The table below shows the average cost per person on hospice with Medicaid paid claims. The table includes costs of CFC, other Medicaid, and the total to Medicaid. While the focus is people receiving both hospice and CFC home-based services, the table

includes costs for CFC nursing facility (NF) and enhanced residential care (ERC) services because some people changed CFC settings while enrolled in hospice.

Table 2. Fiscal Implications: Medicaid

	Qtr 1 7/10-9/10	Qtr 2 10/10-12/10	Qtr 3 1/11-3/11	Qtr 4 4/11-6/11	Qtr 1 7/11-9/11
# People HCBS	28	20	15	11	7
HCBS Cost	\$116,386	\$90,497	\$81,656	\$50,174	\$21,331
Average cost Per Person	\$4,157	\$4,525	\$5,444	\$4,561	\$3,047
# People ERC	5	4	1	0	0
ERC Cost	\$18,891	\$9,872	\$1,930	\$0	\$0
Average Cost Per Person	\$3,778	\$2,468	\$1,930	\$0	\$0
# People NF	5	4	4	4	2
Nursing Facility cost	\$40,184	\$18,064	\$19,638	\$16,009	\$17,152
Average Cost Per Person	\$8,037	\$4,516	\$4,909	\$4,002	\$8,576
Other Medicaid Cost	\$120,856	\$119,895	\$105,406	\$163,411	\$81,376
Total Medicaid Cost	\$296,317	\$238,327	\$208,630	\$229,594	\$119,859
Average Per Person	\$10,583	\$11,916	\$13,909	\$20,872	\$17,123

Data Source: HP Medicaid Claims

Over the five quarters the average Medicaid costs per person increased with the exception of the most recent quarter which has a slight decrease. Due to the low numbers of people and the limited number of quarters, it is not clear if this indicates an actual trend, or if this is related to the change in policy.

C. Length of Stay in Hospice and Choices for Care- measures #4 and #5

1. Hospice

Hospice length of stay (los) was reported by the hospice providers. Each provider's mean los was weighted to calculate the state mean. The statewide weighted mean (average) lengths of stay appear below:

Table 3. Hospice Length of Stay

	Qtr 1 7/10-9/10	Qtr 2 10/10- 12/10	Qtr 3 1/11- 3/11	Qtr 4 4/11-6/11	Qtr 1 7/11-9/11
Mean LOS: All Payers & Settings	52	54	53	45	51

Data Source: Hospice Providers

The statewide hospice mean length of stay data does not suggest any clear trend.

2. Choices for Care

Choices for Care (CFC) length of stay was calculated by the number of days from CFC start date to CFC end date, including participants in all settings who ended CFC participation within the quarter. Due to the wide range of results, table 4 below provides additional descriptive statistics to explain the variations in the results. The high standard deviations indicate a large range in length of stay for CFC participants.

Table 4. CFC Length of Stay

	Qtr 1 7/10-9/10	Qtr 2 10/10-12/10	Qtr 3 1/11-3/11	Qtr 4 4/11-6/11	Qtr 1 7/11-9/11
# People Leaving	371	382	375	390	343
Mean Length of Stay	773	762	812	752	821
Stand Deviation	610	628	653	646	646
Median	645	498	699	543	697

Data Source: SAMS

CFC length of stay data does not suggest any clear trend.

D. Choices for Care Applicants: Length of time to obtain services – measure #6

Length of time to obtain CFC services is defined as the number of days from when a CFC application is received by DAIL to the first date of any CFC service. Using the SAMS database, DAIL identified the date the application was received. The first date of service was identified through Medicaid paid claims (HP). The results appear in the table below:

Table 5. Time to obtain CFC services

	Qtr 1 7/10-9/10	Qtr2 10/10-12/10	Qtr 3 1/11-3/11	Qtr4 4/11-6/11	Qtr1 7/11-9/11
Average # Days	18	11	9	12	5
Maximum # Days	338	255	235	188	101

Data Sources: SAMS and HP Medicaid Claims

Both the average and the maximum length of time to receive services decreased significantly across the five quarters. This trend began in SFY 11, well before the CFC policy change.

E. Choices for Care Denials – measure #7

This table shows the reasons for all denials of Choices for Care applications.

Table 6. CFC Denials

	Qtr 1 7/10-9/10	Qtr 2 10/10-12/10	Qtr 3 1/11-3/11	Qtr 4 4/11-6/11	Qtr 1 7/11-9/11
Reasons:					

Clinically Ineligible	86	82	100	67	83
Financially Ineligible	83	76	118	111	106
Other/Unknown	1	1	2	4	0
Receiving Other Services	2	0	0	0	1
Receiving Hospice	0	1	1	1	0
Total of All Reasons	255	236	339	294	296

Data Source: SAMS

The number of people denied CFC due to hospice enrollment has never exceeded one per quarter. Since the CFC policy change on 7/11, DAIL has not denied CFC eligibility due to the applicant being enrolled in hospice at the time of application. The total numbers of denials for CFC do not suggest any clear trend.

Conclusions

1. There is no evidence that the change in policy has had a significant impact on the number of people using hospice, Choices for Care, or the combination of hospice and Choices for Care. The number of people enrolled in hospice increased in the first quarter of SFY 12. The percentage of people using both hospice and CFC slightly increased as reported by the hospice providers.
2. There is no evidence that the change in policy has had a significant impact on Medicaid expenditures. Average Medicaid costs per person have increased, but the data is insufficient to suggest that this is a trend.
3. There is no evidence that the change in policy has had an impact on length of stay in hospice or Choices for Care. Lengths of stay on hospice and CFC show no significant change.
4. There is no evidence that the change in policy has had an impact on the time that applicants wait to receive CFC services. The amount of time that CFC applicants wait for CFC services to begin after application has decreased. It is not clear if the policy change has had any effect on this improvement.
5. There is no evidence that the change in policy has had an impact on the number of people who are denied eligibility for Choices for Care. The number of people found ineligible for CFC remains stable. The number of people ineligible due to hospice enrollment in the most recent quarter was zero.
6. There is no evidence that use of both hospice and Choices for Care helps more people to remain in their own homes. In the fifth quarter, 2 people used nursing homes after enrollment in both CFC and hospice.

Recommendations

1. DAIL recommends that the policy change be extended through SFY12. The availability of claims data limits the findings in this report to one quarter of information following the date of the CFC policy change.
2. DAIL recommends that the evaluation measures for people receiving both hospice and CFC be revised, as follows:

- a. Discontinue three measures:
 - i. CFC length of stay,
 - ii. Time to obtain CFC services, and
 - iii. Number of people found ineligible for CFC.
 - b. Add two measures:
 - i. CFC setting when people are first enrolled in both Hospice and CFC,
 - ii. CFC setting at time of death.
3. Home health agencies, hospice providers and DAIL collaborated in the development of evaluation measures and data collection. DAIL recommends that this collaboration continue.