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Case Study

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Coordinating and Leveraging Long-Term Supports to Live More Independently with Assistive Technology and Home Modifications: Nebraska Case Study

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Nebraska Case Study

Case Studies Prepared as a Result of the CMS State Leadership Symposium Coordinating *and Leveraging Long Term Supports with Affordable and Accessible Housing*

Nebraska Comprehensive Service Delivery Model for Assistive Technology and Home Modifications

I. History and Background

This case study describes the leveraging and coordinating of multiple funding resources to provide increased access to home modifications and assistive technology in response to an assessment of individualized need. The state Assistive Technology Project serves as a single provider to conduct program eligibility for all funders, and provide assessment, determine need, and develop a service plan for consumers. The provision of home modifications and assistive technology offers a cost effective strategy to aging in place and nursing home diversion, and the consolidations of administrative and service functions under the Nebraska Assistive Technology Partnership has proven cost effective as well.

A statewide study completed in 1994-95 discovered that 25,000 households in Nebraska included a family member with a disability. Less than half (46 percent) of these households had available home modifications. Of those households in need, 70 percent needed financial assistance to be able to complete home modifications. Survey results also revealed that substandard housing often coincided with the need for accessibility.

The development of Nebraska's Comprehensive Service Delivery model for Assistive Technology and Home Modifications was developed in response to documented need. Households with an individual with a disability were challenged by fragmented services and funding, unclear funding policies, and no system of support to navigate service delivery options.

The Nebraska Assistive Technology Partnership located within the state Vocational Rehabilitation agency of the Department of Education took the lead role in the development and design of the comprehensive service model. In coordination with multiple state agencies and funding streams, there was a common mission to enable individuals with disabilities across the age span to function with greater independence at home, maintain greater control over their lives, and enhance community participation. In 1997, the service delivery model was established with administrative funds from the state Medicaid agency and fees for the service for home modifications under the Home and Community Based Waiver for Aged and Disabled Population. An oversight committee was established that included representatives of the Medicaid Waiver program, disabled persons and family support programs, adult and child protective services, subsidized adoption, Aid to Aged, Blind and Disabled, and Medicaid DME. Since the program was established, the ATP has been able to build additional financial support and agency involvement from the state Department of Economic Development (HOME and Housing Trust Funds), the Veterans Agency, Department of Education, and Vocational Rehabilitation (Title I and Part B).

I. Role of Medicaid Program and Other Agencies that Provide Long-Term Supports

The comprehensive service delivery model is statewide in scope with multiple entry points including area aging agencies, independent living centers and the Division of Special Services for Children and Adults. These agencies may make referrals to the Assistive Technology Partnership, which will then identify eligibility for assistive technology and home modifications through one of the contributing funding streams. For instance, an individual with a disability may not be eligible for assistance under the Medicaid waiver but may still qualify for support through one of the other funding streams supporting the comprehensive service model.

The service delivery process begins with a referral to the ATP, who is a Medicaid vendor. There are 18 agencies statewide that are coordinating referrals and service delivery. With offices in five cities statewide, ATP staff will be available for an on site assessment, determination of eligibility, and development of a support plan for qualified individuals with disabilities to a) increase ability to perform activities of daily living, b) increase control of their environment and c) enhance functioning with greater independence in the home. Service solutions may include assistive technology for environmental modifications and/or to enhance functioning to perform activities of daily living and/or home modifications including physical changes to enter or exit a home or interior modifications to enhance independence.

Since 1998, there have been 2,931 projects with 9.5 million dollars spent on home modifications. The following chart describes expenditures by type of home modification from 1998 through October 2005 in Nebraska.

	Type of Modification	Cost
1.	Bathroom Modifications	$4,553,988
2.	Exterior Lifts	$1,136,816
3.	Ramps	$1,280,093
4.	Entrance Modifications	$1,457,262
5.	Interior Lifts	$397,979
6.	Other Home Modifications	$710,691

Half of the individuals with disabilities receiving support were under the age of 55. Of the 9.5 million dollars spent, the two largest funding sources were the *Aged and Disabled Medicaid Waiver* (8.2million dollars) and Vocational Rehabilitation Part B (409,000 dollars). There is no lifetime ceiling on medical expenditures for an eligible Medicaid beneficiary. However, there are annual caps of up to $5,000 for assistive technology and $5,000 for home modifications.

The average cost per project to the Medicaid Waiver is $2,600 for assistive technology and home modifications (average total project cost is $3,060). Breaking out home modifications, the average total cost per home modification

project is $3,250 of which $2,818 is the average cost to the Medicaid Waiver, which enables an individual with a disability to remain in his or her own home or apartment and live more independently. The average annual cost for an individual with a disability to live in a skilled nursing facility in Nebraska is $32,000.

The following chart provides a breakdown by age and funding source of the Nebraska experience from 1998-2003 for assistive technology and home modification services:

HHS Funding By Age 1998-5/2003

Age	Number of Projects	HHS Aged and Disabled Waiver	Number of Waiver Individuals	Average per Waiver Project	Average Total per Individual
Unknown	85	$179,951.58	48	77/$2,337	1.60/$3,749
81+	291	$693,386.16	231	278/$2,494	1.20/$3,002
71-80	310	$766,695.06	218	301/$2,547	1.38/$3,517
61-70	331	$790,104.61	207	318/$2,485	1.54/$3,817
22-60	1,011	$2,447,138.34	525	983/$2,489	1.87/$4,661
19-21	94	$262,218.65	50	91/$2,881	1.82/$5,244
6-18	556	$1,462,383.13	272	511/$2,861	1.89/$5,376
Birth-5	51	$109,008.35	29	43/$2,535	1.48/$3,759
	2,729	$6,710,885.88	1,580 individuals	2,602 projects	1.65 projects/ind

Age	Disabled Persons and Family Support	Disabled Children's Program	Aid to Aged, Blind and Disabled	Total
Unknown	$3,742.32	$4,347.83	$6,925.58	$204,586.75
81+	$13,460.00	$-	$15,387.84	$763,882.96
71-80	$16,576.84	$-	$33,355.87	$870,352.82
61-70	$24,170.64	$-	$44,940.19	$954,280.29
22-60	$55,747.87	$-	$152,241.03	$3,134,547.72
19-21	$80.00	$10,270.17	$9,820.50	$327,124.26
6-18	$9,608.82	$66,430.16	$80,791.08	$1,918,030.97
Birth-5	$-	$7,644.95	$16,615.27	$157,017.34
	$123,386.49	$88,693.11	$360,077.36	$8,329,823.11

II. Resources to Develop and Implement Model

In recent years, the ATP has continued to expand funding sources to provide assistance to a greater number of individuals with disabilities statewide. There are now ten funding sources coordinated to support expenses for assistive technology and home modification to enable individuals with disabilities to live more independently. The funding sources are:

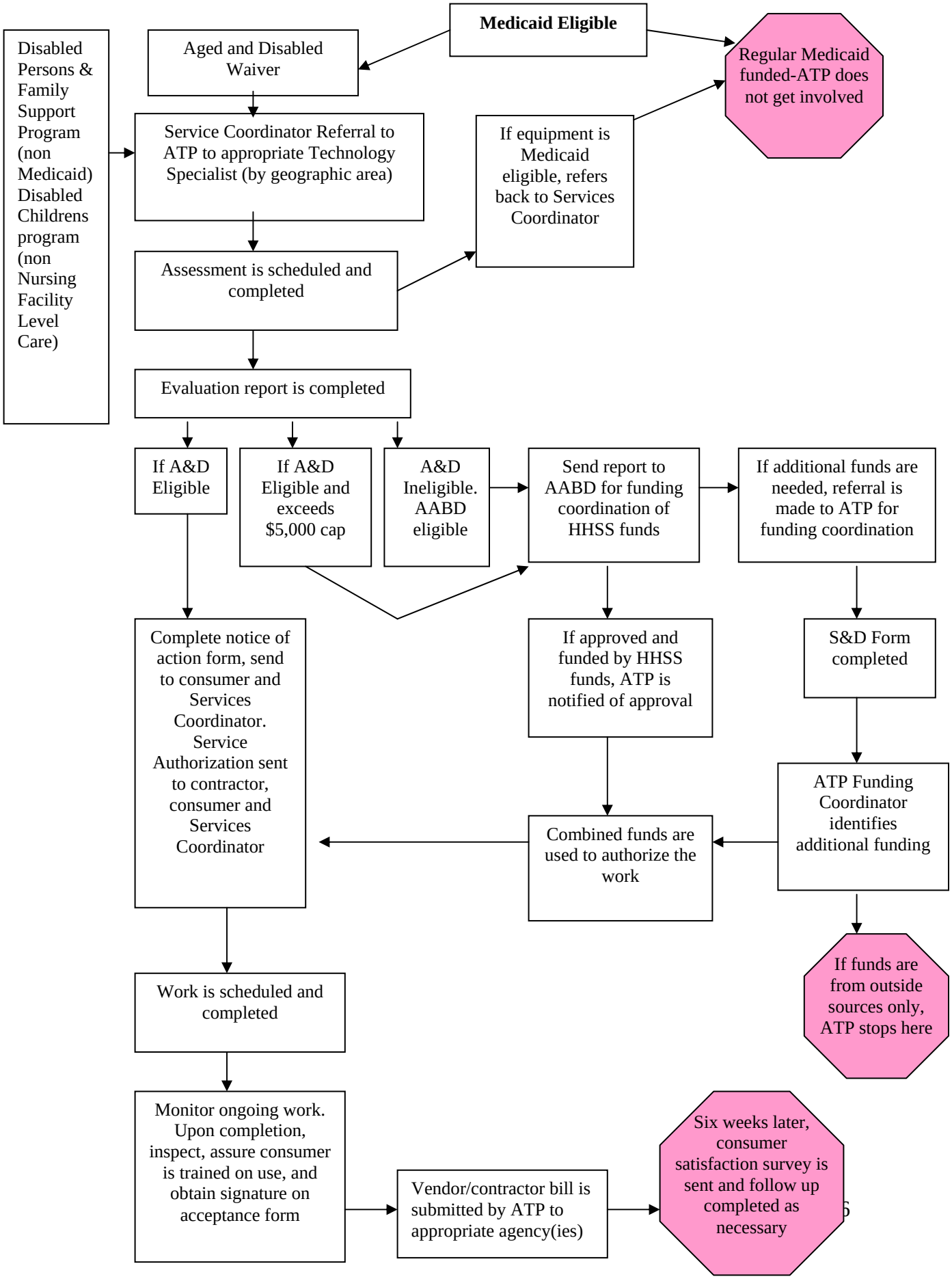
Aged and Disabled Medicaid Waiver
Disabled Persons and Family Support
Disabled Children's Program
Aid to Aged, Blind, and Disabled
Home Funds
Housing Trust Funds
Veterans Rehabilitation Services
Vocational Rehabilitation Title I and Part B
Housing for Persons with AIDS (HOPWA)
Community Development Block Grant (CDBG)

The chart on the next page provides a diagram of the service delivery process that includes an assessment to determine appropriate funding eligibility, interactions with service coordinators, contractor and consumer, and evaluation of consumer satisfaction.

In Appendix A (attached to this report) is a detailed explanation of the quality assurance process incorporated into the service delivery model with an emphasis on consumer involvement.

Funding Amounts for Home Modifications for all programs 1998-10/2005

SubAdopt	$48,883.99
Disabled Persons and Family Support	$150,281.47
Disabled Childrens Program	$137,267.48
Aid to Aged, Blind and Disabled	$491,907.07
Aged and Disabled Waiver	$8,260,151.19
Community Development Block Grant	$59,663.05
Making Homes Accessible (Housing Trust Fund)	$268,352.03
Vocational Rehabilitation Part B	$1,296,325.54
Consumer	$21,379.96
Total	$11,486,595.59


Medicaid Eligible
Disabled Persons & Family Support Program (non Medicaid) Disabled Childrens program (non Nursing Facility Level Care)
Aged and Disabled Waiver
Regular Medicaid funded-ATP does not get involved
Service Coordinator Referral to ATP to appropriate Technology Specialist (by geographic area)
If equipment is Medicaid eligible, refers back to Services Coordinator
Assessment is scheduled and completed
Evaluation report is completed
If A&D Eligible
If A&D Eligible and exceeds $5,000 cap
A&D Ineligible. AABD eligible
Send report to AABD for funding coordination of HHSS funds
If additional funds are needed, referral is made to ATP for funding coordination
Complete notice of action form, send to consumer and Services Coordinator. Service Authorization sent to contractor, consumer and Services Coordinator
If approved and funded by HHSS funds, ATP is notified of approval
S&D Form completed
ATP Funding Coordinator identifies additional funding
Combined funds are used to authorize the work
If funds are from outside sources only, ATP stops here
Work is scheduled and completed
Monitor ongoing work. Upon completion, inspect, assure consumer is trained on use, and obtain signature on acceptance form
Vendor/contractor bill is submitted by ATP to appropriate agency(ies)
Six weeks later, consumer satisfaction survey is sent and follow up completed as necessary

III. Examining the Cost Effectiveness of Assistive Technology and Home Modification Services through the Medicaid Waiver

The key to keeping costs down is to ensure appropriate cost-effective solutions through utilization of a systematic approach to provision of assistive technology and home modifications. To increase accountability for the expenditure of state and federal funds for the purchase of assistive technology and home modifications requires skills and knowledge which are not typically part of a Services Coordinators repertoire. ATP provides a team of specialists in rehab engineering, occupational therapy, biomechanics, architecture, and assistive technology to provide consultation and monitoring services to HHS. Simply, ATP services include:

- Determining the appropriate equipment/design solution;
- Finding someone to do it at a reasonable cost (using a competitive quote process);
- Inspecting the site to make sure work was done right and meets consumers needs;
- Following up after six weeks to make sure the solution is still working.

National studies have found that 50% of assistive technology given to people was not used (*The use of technology in the care of the elderly and the disabled*. Page M, Galer M, Fitzgerald J, Feeney R.). Other studies find that approximately 37% of devices paid for by insurance (which included Medicaid) were abandoned by consumers *(Technology Abandonment.* Betsy Phillips, National Rehabilitation Hospital). ATP's assessment services include a six week follow up which shows that 95% of consumers are still using their assistive devices or home modifications. Of the 5% no longer using the equipment, several had died, several required minor adjustments or repairs (which were made successfully), and several had moved. Where possible, equipment was retrieved and entered into the inventory for recycling to other consumers resulting in additional cost savings.

Contrasting Nebraska's experience with that on a national level, the inclusion of assessment services for assistive technology and home modifications appears to prevent abandonment of 32%-48% of assistive technology and home modification solutions. The Aged and Disabled Waiver averages $1 million per year in expenditures for assistive technology and home modification services. The use of assessment services saves the state of Nebraska $320,000-$480,000 each year through prevention of purchases of inappropriate equipment or modifications. In addition, other cost savings result from:

- Determination of appropriate solutions to prevent expenditures on equipment and home modifications that don't meet the needs of the individual (which results in additional expenditures for modifications or other devices);
- Review of plans and development of specifications to ensure that funds are only provided for appropriate solutions and not unrelated modifications that can be covered by other programs;

- Utilization of a competitive quoting process for equipment and home modifications;
- Negotiation with contractors/vendors to keep costs under the waiver cap;
- Identification and utilization of non-traditional vendors/contractors in local areas to keep costs down and provide for quality control;
- Coordinating cost-sharing on funding of solutions to eliminate duplicative purchases (*i.e*., one for use at school, one for use at home, or one for use at work—cost sharing allows for purchase of one device for use at all sites);
- Establishment of equipment recycling and equipment/design solutions which can be re-used to decrease cost of future expenditures.

The increased accountability of expenditures results in appropriate solutions that meet the individual's needs at the most cost-effective price. In addition, assessment services through ATP allow for participation of smaller programs that could not afford to provide this level of accountability and service on their own by cost sharing of the assessment services.

The establishment of a systematic approach for providing assistive technology and environmental (home) modifications was found to reduce health care costs for physically frail elderly persons.

A report published in the May/June 1999 issue of the American Medical Association's Archives of Family Medicine*, The Effectiveness of Assistive Technology Devices and Environmental Interventions in Maintaining Independence in the Home-Based Elderly: A Controlled Clinical Trial,* by William C. Mann examines the value of providing assistive technology devices and services to older persons with disabilities.

The study documented the impact of an intensive approach to assistive technology service provision on functional independence, falls, and overall cost of services. Study participants in the treatment group relied more on assistive technology while the control group participants utilized more costly personal aide services, hospital and nursing home care. In comparing health care costs, the treatment group expended an average of $2,620 for assistive technology and environmental modifications. The control group (those without assistive technology) required significantly greater expenditures for institutional care. The average expenditures for institutional care for those with assistive technology and home modifications were $5,630 and for those without assistive technology, the average expenditures were $21,846. The control group had significantly greater expenditures for nurse visits ($842 vs. $426) and case manager visits ($193 vs. $110). While both the treatment and control groups declined in functional status over time, the decline was greater for the control group participants. The impact of reduced decline in functional status and pain appears to be reflected in lower health care costs related to institutional care, and in-home nursing and case manager visits.

Similar savings should be realized as well through Nebraska's provision of assistive technology and home modification services under the Aged and

Disabled Waiver. Experience to date shows that the average overall cost of assistive technology and home modifications per person ($3,369) is recaptured in less than two months by preventing institutionalization of the individual. This is also borne out in Dr. Mann's study which shows the average expenditure for individuals without assistive technology or home modifications to be $21,846. During the last year, 388 individuals received assistive technology and/or home modification services. Based on Dr. Mann's cost-effectiveness study, the estimated cost savings (for institutional care, and in-home nursing and case manager visits) to Nebraska for last year alone is $6,395,404.

There are potentially other costs to be considered in assessing an objective and complete cost-benefit ratio. The Medicaid beneficiaries in a community living option may also be receiving other Medicaid waiver services that must be factored in on the cost side. However, the Nebraska ATP has also identified additional savings derived from the purchase of more appropriate, durable medical equipment and from equipment reutilization rather than abandonment.

A. *Purchase of more appropriate and cost-effective DME.*
Assessing for need within the environment that the DME is going to be used can result in alternative strategies and prevent purchase of DME that won't effectively work in the environment due to narrow doorways, lack of bathroom space, or inadequate structures. An independent assessment can also curtail recommendations based on vendor product availability or cookie cutter approaches that expect one solution to fit all.

> Staff for an assisted living facility had recommended electric hospital beds for each of three individuals (as part of their standard practice) residing in their facility. ATP was asked to provide independent assessments for each of the individuals and was able to identify alternatives for two of the individuals and identified a less expensive hospital bed for the third. The cost savings to Medicaid as a result of ATP's assessment in these 3 cases was in excess of $20,000. ATP staff time and its estimated cost was $500.

ATP has identified instances where mobility devices were recommended by vendors or physicians without consideration of the home environment. Individuals received a power wheelchair or scooter yet had no way to get in and out their home or were restricted to a room within their house due to narrow hallways and doorways. In some cases, an individual is provided a power wheelchair because they lack the physical strength to operate a manual wheelchair, yet consideration is not given to their cognitive ability to operate a power wheelchair, and the wheelchair ends up not being used.

B. *Equipment Reutilization*
Under Nebraska's Aged and Disabled Medicaid Waiver Program, the reutilization of equipment has reduced the average cost of services for individuals. For example, the provision of wheelchair platform lifts average cost in 2002 was $3,949. In 2005, the average cost is $2,573 primarily due to the reutilization of used wheelchair platform lifts when they are available.

Nebraska's Medicaid program spent $1.9 million on power wheelchairs just for nursing home residents in FY 2000. The lack of a system to track and recycle these power wheelchairs results in the continued purchase of new wheelchairs while a perfectly good no longer used wheelchair, that could meet the needs if appropriately adjusted, isn't even considered. Even a small percentage of mobility devices appropriately re-used could lead to significant cost savings. Using a conservative abandonment rate of 30%, the projected savings if an equipment reutilization plan is implemented, would result in a savings of $570,000 a year for power wheelchairs in nursing homes alone.

C. *Cost Effectiveness*

There is an additional cost savings to Nebraska that ATP has been able to document in provision of services under the Medicaid Waiver. Average cost to HHS for AT and Home Modification Services was $2,636.79 in 2002, and the average cost to HHS is $2,670.83 in 2005 to date. While the costs for home modifications has increased slightly, the costs savings under the assistive technology services has enabled the overall average costs to remain about the same. With average costs for Medicaid rising at an 8-10% rate, the potential costs savings due to maintaining the current average costs for equipment, or even reducing costs if reutilization occurs, is tremendous.

IV. Replication/Success Factors

There is significant opportunity for other states to replicate the Nebraska Comprehensive Service Delivery Model for Assistive Technology and Home Modifications. Each state has an Assistive Technology project. The strength of the model is to realize efficiencies by consolidating administrative and service functions for multiple agencies providing assistive technology and home modifications under one agency. An oversight committee offers a structure at a state level for the multiple funders to continue to refine and streamline the assessment and service delivery process. There is a common set of objectives for cross-agency collaboration that seeks to support greater independence in community living options. As an alternative to an investment exclusively in additional affordable and accessible housing stock, the model extends options of support for living in a home that has been adapted and modified for maximum independence. Replication by other states required critical financial support for core staff involved in assessment of individual need. In Nebraska, Medicaid administrative dollars are providing the essential investment in core staff that is then supplemented by other funding sources.

An additional strength of the model is the multiple entrance points to start a referral process to determine eligibility and assessment of need. The coordination across service delivery systems is a user-friendly feature that leads to cost effective solutions and consumer satisfaction.

More needs to be learned to evaluate the true cost benefits of the model which would assist other states in making the case for replication base on avoidance of more restrictive skilled nursing options.

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Appendix A

NEBRASKA ASSISTIVE TECHNOLOGY PARTNERSHIP AND QUALITY ASSURANCE PROCESS

ATP has always had an emphasis on identifying service quality issues and working to strengthen our services with appropriate revisions based on what we've learned. This is accomplished with a real time ongoing quality assurance process incorporated into our service delivery model. Our goal is continuous improvement with a proactive approach to identifying trends and adapting processes and guidelines before major problems arise. I believe that the elements in this process can easily be correlated to the Quality Framework that was provided by Thomson/Medstat.

Quality Assurance Built Into the Process

In the delivery of services (on-site assessments for assistive technology and home modifications), ATP and HHS have structured a process that relies on teamwork and a series of balances (second checks) to ensure consumer involvement, appropriateness of solutions, accuracy of authorized amounts, and achievement of the expected outcomes. An Oversight Committee meets quarterly to review data and selected case information to make recommendations and revisions to guidelines for the Assistive Technology and Home Modification Waiver services.

Process Standards

The process for referrals and service is outlined in the Nebraska HHS Finance and Support Manual (480 NAC 5-005.C Assistive Technology and Supports and 480 NAC 5-005G Home Modifications). The process provides for involvement of decisions at various levels and outlines appeal processes. Additional strategies to incorporate measures as part of quality assurance include:

ATTIE, ATP's electronic database: Real time information is shared between all ATP staff. Specific measures are discussed later, but an example of how the information is used is how ATP tracks process steps. The database contains status fields with specific dates for waiting, open, assessed, authorized, complete, paid, and follow-up completion dates. At a glance, for specific cases, it can be determined how long and at what point any referral is in the process. As a quality assurance measure, ATP can establish policies for reasonable expectations for how long the process should take and then measure how we are doing. As a result, ATP has a policy goal of conducting the on-site assessment within 30 days of receipt of referral. We have also established a 60 day completion date for contractors for modifications based on experience. Measures are used to create realistic expectations for all involved.

Consumer Involvement: ATP's internal process requires specific actions to ensure involvement of appropriate parties, emphasizing and ensuring consumer involvement. These include: plan sign off by consumer/family, landlord/owner approvals, copies of service authorizations sent to all parties, sign off on acceptance/agreement form by consumer/family, and completion of follow-up questionnaire.

Appeals Process: Further assurance of consumer rights are provided to all individuals receiving services regarding their rights and the appeals processes that have been established. There is an informal process that re-examines case information and any additional input from the consumer to determine if recommendations should stand or be revised. If satisfactory resolution is not reached, or if the consumer wants to forgo this option, they may choose to go through the formal Medicaid Appeal Process.

Quality of Service: ATP conducts a follow-up survey using a questionnaire send six weeks after the case has been closed. The questionnaire helps to identify quality of service issues, equipment that may not be working appropriately, equipment that needs adjustment, equipment no longer needed that can be recycled, and complaints about contractors or other issues that we can use to revise our practices or identify training issues for vendors/contractors/ATP staff, and consumers.

Work Standards

Requiring that work for assistive technology and home modifications meet established standards also provides quality assurance. The specific standards utilized are often project dependent, but every project incorporates specifications and a plan (if needed) to clearly establish expectations and to serve as a guide when inspecting to determine whether work has been satisfactorily completed.

Home Modifications rely on individualized specifications and plans. Quotes are obtained from contractors and used to select a low cost qualified contractor. General standards used include:

Prevailing building codes (Uniform Building Code);
Housing Quality Standards (Section 8);
ADAAG "Americans With Disabilities Act Accessibility Guidelines" with customization to individual need/situation; and
Average cost reports (based on ATP reports to establish average costs for similar types of projects).

Assistive Technology projects include specifications that utilize associated industry standards. These include:

National Mobility Equipment Dealers Association (NMEDA) for vehicle modifications;
ASME A18.1 "Safety Standard for Platform Lifts and Stairway Chairlifts." (American Society of Mechanical Engineers); and
Particular features that must be provided as a part of specifications, as industry standards are non-existent for many types of equipment.
ATP also monitors affiliated organizations (for example, ISAAC in the case of augmentative communication) for qualitative information on vendors and equipment.

Many of the quality assurance measures are used to make changes in policy and guidelines, identify training issues, ensure that we are achieving the desired outcomes, and are providing quality services (to the state in terms of accountability and to the consumer in terms of satisfaction and outcomes). Most of the measures are contained as “fields” in our electronic database (ATTIE). Some of the most important are:

A. Cross Program Indicators

Cost: Average for type of technology/home modification
Cost: Average per consumer
Number of requests per consumer
Leveraged resources
Number of projects per type of technology/home modification
Demographics
- Age
- Disability
- Location

Unmet needs/Outliers (utilization/costs)
- Information identifies staff training needs
- Information identifies potential policy clarification/change areas
  - Oversight Committee acts on information
    - Ex: repair and maintenance, new construction

Consumer Satisfaction
- Follow up questionnaires
  - Information regarding problem contractors, recycling
- Outcomes/anecdotal information

B. Program Specific Indicators

Referrals per Services Coordinator
Number of assessments/month (billing purposes)
AT Only status versus Eligible status
Process Status (Waiting, open, etc.)
- Information regarding cancellations-staff training (stable environment), gaps in funding, contractor availability (led to advertising for more contractors)

Aggregate costs/amounts leveraged

These indicators are used in a variety of ways to determine if policy changes are warranted, additional training is needed for service coordinators, and for accountability to assess consumer satisfaction:

A. Policy/Guideline Changes

The Aged and Disabled Waiver is continually being examined for ways to reduce costs. Specific changes have included elimination of the category of Assistive Technology Only slots, assistance with home modifications on rental property, and establishment of lifetime caps. Data obtained from numerous years of experience were provided by ATP to demonstrate the impact of proposed changes on the funding available under the Waiver as well as other resources.

B. Training Issues

Inappropriate and cancelled projects are tracked to determine why cases were closed. We found that 35.6% of cancellations were due to the consumer moving to another location or a nursing home. This information was used to determine that additional training and guidance be provided to Services Coordinators on what a stable environment should be prior to making a referral for home

modification services. The number of inappropriate/cancelled referrals has decreased post-training.

C. Quality Service

Accountability: Numerous reports are generated monthly, annually, and upon request to determine status of projects and identify trends across time. We can demonstrate the impact of recycling as we find the average cost per consumer of exterior platform wheelchair lifts is decreasing year to year. We can document the power of leveraging funds as we show the average cost of equipment and modifications increasing but the cost to the Waiver program staying much the same.

Consumer Satisfaction: Surveys are sent to every individual receiving services approximately six weeks after the case is closed. Historically, the return rate is around 60% with 97-100% satisfaction rates across all questions regarding involvement, use, and services.