

Fall 2015

TITLE:	Policy Research Project (PA680PB) Community Care in Multi-ethnic Austin
FACULTY	Jacqueline L. Angel, Ph.D.
MEETING TIME AND PLACE	Tuesday, 2-5 pm, SRH 3.B7
OFFICE HOURS	Monday-Wednesday, 3-4 pm CLA, 3.530 and by appointment You may also drop by to see if I'm in or contact me in advance to meet with me.
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Course Overview

The Welfare State at Risk?

The welfare state represents one of the major social and political achievements of the Twentieth Century. Even in the United States, in which welfare state programs are far more limited than in Europe, individuals look to government for protection against major social risks, including poverty in old age and illness. Yet despite its success at reducing poverty and increasing health levels, programs for the poor, the disabled, and the elderly are the targets of attempts to control growing governmental debt at all levels. Publicly funded programs face growing resistance from overburdened taxpayers. In the past Austin voters have regularly supported educational and transportation bond initiatives. As the cost of living in Austin has increased, such bond initiatives have been voted down. As property values in the city increase, citizens rebel at growing property taxes and older residents find that they are simply overwhelmed. As dependent as we all have become on the welfare state, its growing cost, which is driven in large part by the aging of the population present federal, state, county, and municipal governments with major challenges.

Medicaid: A Major Tax Burden

Unlike Medicare which is a fully financed by the federal government, Medicaid, the major governmental medical program for the poor, is jointly funded by federal and state governments. Given the aging of the population and the growing cost of medical care this program consumes an ever larger portion of state revenues. The fact that the state must bear a significant portion of the cost assures that Medicaid is politically contentious in state legislatures, and currently

twenty-two states, including Texas, have refused to expand Medicaid as part of the Affordable Care Act. Yet the poor of all ages depend on this program. While the majority of Medicaid enrollees are children in poor families, two-thirds of total expenditures go to the elderly and disabled. Total spending on long-term care services for the disabled and elderly was over \$234 billion in 2011.

Course Objectives

This policy research project addresses an extremely important issue. As baby boomers enter the later years of life, our relatively young city will become older and will face new challenges in providing services to frail and disabled citizens. The core objective of the course is to explore different ways of providing long-term care in an equitable cost-effective manner. As part of this objective, we will examine programs that Texas and California have introduced to provide community-based long-term care, including the Program of All Inclusive Care for the Elderly (PACE). PACE combines Medicare and Medicaid for individuals who need nursing home care, but prefer to live safely in the community.

This program, which we will investigate in great detail, serves individuals age 55 or older who live in the service area of a PACE organization. PACE provides acute and chronic care and services, including prescription drugs, doctor care, transportation, home care, checkups, hospital, and nursing home care. These services are coordinated by an interdisciplinary team that works with family caregivers and health care professionals.

The potential cost savings of PACE were recognized by the state legislature (Legislative Budget Board, 2015) and on June 17, 2014, the Texas House of Representatives Appropriations Subcommittee invited public testimony as part of their its deliberations concerning the implementation of provisions in SB 7 (83R) aimed at the expansion of and improvement in the delivery of those community long-term care services on a cost effective basis. The Texas Health and Human Services Commission transferred additional funds from the Texas Medicaid program to PACE to serve more clients at existing and tentative new sites in Dallas, Houston, and San Antonio. Over the last fifteen years, the state has benefitted from considerable cost savings. The program costs the state ten percent less than placing an individual in long-term nursing care. The costs for PACE enrollees are lower because the traditional Medicare costs are higher for frail elderly and the capitated rate may be reduced further to establish a rate consistent with appropriated fund. Federal Regulations require that the capitation amount be less than would otherwise have been paid in fee-for-service if the participants were not enrolled under the PACE program.

Goals and Objectives

Our goal is to investigate the extent to which a program like PACE could benefit older low-income Austinites. The first objective consists of an evaluation of the program's potential impact on low-income minority elders and their families, and determining which for-profit home health agencies, major hospitals, and non-governmental and faith-based health and social service organizations might participate. Given the growth in the number of elderly individuals, and especially minority individuals with serious functional limitations, many non-governmental, as

well as public/private options will need to be explored to optimize community support. Research has shown that PACE is one of three models of chronic care that substantially improve the care of community-dwelling older adults with multiple chronic conditions (Boult and Wieland 2010). Although nobody really knows what sorts of organizations are best suited to scale up to PACE service levels what is clear is that traditional medically oriented eldercare programs will be inadequate to address the full range of social and psychological needs of this growing segment of the population. A second objective is to identify ideal-typical models in terms of organizational features, client identification, volunteer participation, and funding for this and similar programs. Third, we examine political processes at the state, county and municipal levels that determine how older people with disabilities are cared for in the community. Our ultimate objective is to identify best practices to improve health and support services to the elderly in need in the City of Austin given fiscal and practical constraints.

During the year we will develop a “policy road map” that assesses the commitment and capacity of participating organizations, evaluates community needs, and ultimately gauges the feasibility of moving forward with development of a PACE program in a local environment like Austin. In order to begin to identify the benefits and potential pitfalls the students will address such questions as the extent to which a small non-profit like Family Eldercare can partner with other appropriate agencies that believe in providing the continuum of services, including housing supports like the RBJ Center for approval as a PACE in the future. This assessment also entails an analysis of financial aspects of operating PACE and ways of leveraging community resources to further its mission.

Deliverable

The PRP will provide a final report that: 1) identifies what steps and investments would be needed to create a PACE program in Austin; 2) an analysis of the types of organizations that would be best suited to manage a complicated, highly regulated, highly coordinated service like PACE; 3) a comparison of other alternatives besides PACE for community-based long-term care that could be implemented in Austin and the characteristics of what makes these models work; 4) outlines the process of how a Foundation can help catalyze those models to be established in Austin; and 5) describes what organizations would be well-positioned to help implement this model.

Organizations

Sponsor and Client: St. David’s Foundation
 Client: Texas Health and Human Services Commission
 Partners: Family Eldercare, Inc. and Rebekah Baines Johnson Center
 Stakeholder Groups (all parties involved)
 Sponsor: St. David’s Foundation

POLICIES

LBJ School Policy on Academic Dishonesty

I expect you to be intellectually honest in your relationships with me and your peers. Academic dishonesty including cheating, fabrication, facilitation of academic dishonesty, and plagiarism will not be tolerated. Any cases of academic dishonesty (including cheating or plagiarism) will be dealt with severely. Please be aware of the University's Policy on Scholastic Dishonesty adopted by the LBJ School:

Students who violate University rules on scholastic dishonesty, including plagiarism, are subject to disciplinary penalties, including the possibility of failure in the course and suspension or dismissal from the University. Since such dishonesty harms the individual, other students, and the integrity of the university, policies on scholastic dishonesty will be strictly enforced.

For more information on the University's policy regarding cheating and plagiarism refer to the Student Judicial Services web site at: http://deanofstudents.utexas.edu/sjs/acint_student.php

Disability Policy

The University makes reasonable accommodations for students with documented disabilities. Students should notify the Services for Students with Disabilities (SSD) and instructor of any special needs. The Office of SSD is located in Room 4.400 of the Student Services Building. More information is available at: <http://deanofstudents.utexas.edu/> or by calling 471-6259 (voice); 471-4641 (TTY).

Religious Holidays

Accommodations for religious holidays: UT Austin requires that if a student intends to miss class in observance of a religious holiday he or she must notify the instructor at least fourteen days in advance. If a student must miss a class, an examination, a work assignment, or a project in order to observe a religious holy day, he or she will be given an opportunity to complete the work within a reasonable time after the absence.

Use of Canvas in Class

In this class I use Canvas—a Web-based course management system with password-protected access at <http://courses.utexas.edu>—to distribute course materials, to communicate and collaborate online, to post grades, and to give you recaps of class discussion from weekly classes. You can find support in using Canvas at the ITS Help Desk at 475-9400, Monday through Friday, 8 a.m. to 6 p.m., so plan accordingly.

Important Dates

Last day of the official add/drop period (Aug. 31)

Last day to drop a class for refund and without possible academic penalty (Sept. 11)

Academic Advising (October 22–23, 26–28)

Spring 2016 registration (Oct. 26 – Nov. 4)

For a full list of important deadlines, see the 2015-16 Academic Calendar available online through the Registrar's Office: <http://registrar.utexas.edu/calendars/15-16>

Attendance

Class attendance is required. This is important because participation in class discussion and debate is essential to collective understanding of the topic. Missing class seriously undermines this objective so please make every effort to attend. Excessive absences will have a negative impact on your grade. Excused absences include documented illness, deaths in the immediate family and other documented crises, call to active military duty or jury duty, and religious holidays. Accommodations for these excused absences will be made and will do so in a way that does not penalize students who have a valid excuse.

Format

Students will be expected to familiarize themselves with all aspects of the project. Background reading materials will be available through the U.T. Canvas or archives such as JSTOR, OCLC First Search, Expanded Academic Index (<http://www.umsl.edu/services/libteach/asap/start.htm>), etc.

We shall begin by informing ourselves about the issues associated with health and social policy and options in community-based care. That will include reviewing and analyzing extant literature on innovative models of programs linking housing with supportive services, such as Medicaid programs like PACE. During virtually every class session, the weekly format will be structured around the research objective(s) and the amount of time devoted to coverage of each assignment will depend on organized instruction, such as lectures and discussion, plus the agenda prepared by your classmate's Team Leader. Classroom meeting times may be modified to suit the needs of the class or communications with HHSC staff, local partners, and other interested parties. The following timeline provides a general outline of the year-long schedule of classroom activities.

Schedule

The following is an organizing framework and tentative schedule of what we will cover to help you keep up with your reading, research activities, and assignments. Some of the topics will go faster than others and may vary because of new policy developments so we may deviate from the schedule substantially. In addition, you will be engaging in on-line searches of articles and government documents with your classmates on various topics, posting findings and opinions, and responding to each other's interpretations of data on canvas. Please feel free to discuss with me anything about the course, as we proceed, either immediately after class or during my office hours.

Date	Topic	Reading and Research
August 25	Introduction, Goals and Objectives	Diagnostics Leadership Assessment Leadership and Personality Type JUNG Skills inventory Skills Ethics Training Ethics Required reading: “The Elderly Mexican-origin Populations of California and Texas: Growing Challenges for State Health Policies”- Canvas Selection of Weekly Student Team Leaders
September 1	Background- Aligning Senior Housing and Health Care Needs On-line Resources Glossary of Terms	Lecture: What is the Magnitude of the Problem? Housing America’s Older Adults. 2014. AARP Housing Jo Kathryn Quinn, Texas Homeless Network (supportive housing and health care initiative) Quinn Homeless ASPE. 2012. “Value Added” of Linking Services to Supports: A Literature Synthesis ASPE Value Added
September 8	Background (continued); Create inventory of resources on class Canvas	“Linking housing and health for seniors: An important step forward.” Urban Institute.” Urban Step Forward Linking Housing and Long-Term Supports and Services. 2014. Harvard University JCHS Chapter 6 (chapter 6)
September 15	Role of Actors Inside and Outside Government	City of Austin Mayor’s Taskforce on Aging. 2013. <i>Embracing an Age Diverse Austin</i> http://tinyurl.com/ls7dhxx Guest Speakers: George Linial, President and CEO, LeadingAge Texas

		Kevin Warren, President and CEO, Texas Health Care Association, 84th Legislature Senate Bill 7 Senate Bill 7 pp. 30-38
		John Davidson, Director for the Center for Health Policy, Texas Public Policy Foundation http://old.texaspolicy.com/experts/john-davidson
September 22	Role of Eldercare and Housing NGOs	Kent Herring, President Family Eldercare Helen Varley, Executive Director, Rebekah Baines Johnson Senior Center
September 29	Medicaid and Alternatives To Long-Term Care in Nursing Homes: Programs for Community Care	Rosemary Castillo, Bienvivir in El Paso, Texas President PACE Association NPA Arkadipta Ghosh, Cara Orfield and Robert Schmitz. 2014. Evaluating PACE: A Review of the Literature, Mathematica Policy Research ASPE PACE "Comprehensive primary care for older patients with multiple chronic conditions: "Nobody rushes you through." Journal of the American Medical Association." Boult and Wieland "The Effect of PACE on Costs, Nursing Home Admissions and Mortality: 2006-2011" NPA Summary and Response: Medicaid Costs (Canvas) Petigara, Tanaz and Gerard Anderson. "Program of All-Inclusive Care for the Elderly". PACE Evaluation <i>Health Policy Monitor</i> , April, 2009. http://www.npaonline.org/website/download.asp?id=3034
October 6	Texas Administrative Executive Leadership- I	Guest Speakers: State- HHSC, Kay Garhmani, Medicaid Director and Lisa Kirsch, Chief Deputy Medicaid/CHIP Director for Policy and the Transformation Waiver (Payors) Shannon Stewart, Medicaid/CHIP, Senior Policy Advisor
October 13	Texas Administrative Executive Leadership- II Texas Department of Health and Human Services	Guest Speaker: Jon Weizenbaum, Deputy Commissioner, Texas State Department of Aging and Disability Services (DADS) Program of All-Inclusive Care for the Elderly (PACE) DADS-PACE Texas Money Follows the Person Program TFMP

October 20	Government Solutions: Expanding PACE	Texas State Legislation- PACE Guest Speaker: Senator Charles Schwertner (tbc), Chairman, Texas State Senate Committee on Health and Human Services (TBC) http://www.schwertner.senate.state.tx.us/
		Guest Speaker: Austin/Travis Health and Human Services, Stephanie Hayden
October 27	Implementation of current PACE	Amarillo, El Paso and Lubbock sites California, Guest Speaker, Jennie Chin Hansen, On Lok Founder and Director What are other states doing? Florida Florida PACE Massachusetts http://tinyurl.com/q5je2vl and http://tinyurl.com/pltqckh
November 3	Politics and Process of Newly approved PACE sites in Texas Implementation Issues:	Newly approved: San Antonio, Houston, and Dallas Recommendations regarding PACE methodology Administrative Rate Setting Legislative Budget Board Government Effectiveness and Efficiency Report LBB ARS ; Begins on p. 216 Rider #4, Article II, Special Provisions- PACE Article 2, Rider 4 PACE (pp. 15-17) SB 7- Managed Care, Sponsor Sen. Jane Nelson, 2013
November 10	Newly Emerging Pace	Develop interview guide and pre-test
November 17	Local Interviews	Conduct interviews of interested parties
November 24	Code and Analyze Data	Preliminary Results
December 1	Presentations	Mid-year Report and Presentation, Client, Partners, and Parties of Interest, LBJ School Bass Lecture Hall Course-Instructor Evaluations

Fall Course Evaluation

Grades will be based on the thoroughness and quality of class presentations, written reports, team problem solving skills, as well as the successful performance of research activities associated with data collection, analysis, and writing. Although the final research report will be produced by the entire class, each student

will be responsible for writing particular sections of it. The deadline for the Written Mid-year Report and Oral Presentation is December 1, 2015.