Cash & Counseling: Program Overview

- Funders
  - The Robert Wood Johnson Foundation
  - US DHHS/ASPE
  - Administration on Aging

- Waiver and Program Oversight
  - Centers for Medicare and Medicaid Services

- National Program Office
  - Boston College Graduate School of Social Work

- Evaluator
  - Mathematica Policy Research, Inc.
Original Cash & Counseling Demonstration Overview

Demonstration States
- Arkansas, Florida, New Jersey

Study Populations
- Adults with disabilities (Ages 18-64)
- Elders (Ages 65+)
- Florida only: Children with developmental disabilities

Feeder Programs
- Arkansas and New Jersey: Medicaid personal care option programs
- Florida: Medicaid 1915c Home and Community-Based long-term care waiver programs
Basic Model for Cash & Counseling

- Step 1: Consumers receive traditional assessment and care plan
- Step 2: A dollar value is assigned to that care plan
- Step 3: Consumers receive enough information to make unbiased personal choice between managing individualized budget or receiving traditional agency-delivered services
Basic Model for Cash & Counseling

- Step 4: Consumer and counselor develop spending plan to meet consumer’s personal assistance needs

- Step 5: Cash allowance group provided with financial management and counseling services (supports brokerage)
Original and Expansion Cash & Counseling States
Receiving Paid Assistance at 9 Months

Percent

Non-Elderly Adults

Elderly Adults

Children

* ** Significantly different from control group at .05, .01 level, respectively.

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Very Satisfied with Overall Care Arrangements

Percent

Non-Elderly Adults

Elderly Adults

Children

0 10 20 30 40 50 60 70 80

Very Satisfied with Overall Care Arrangements

* ** Significantly different from control group at .05, .01 level, respectively.
Had an Unmet Need for Help with Personal Care

- *Significantly different from control group at .05 level.
- **Significantly different from control group at .01 level.

Percent

Non-Elderly Adults

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Elderly Adults

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Children

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* ** Significantly different from control group at .05, .01 level, respectively.
Contractures Developed or Worsened

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*, ** Significantly different from control group at .05, .01 level, respectively.
Very Satisfied with Way Spending Life These Days

* * ** Significantly different from control group at .05, .01 level, respectively.

Percent

Non-Elderly Adults

- AR: 43**
- FL: 64**
- NJ: 38**

Elderly Adults

- AR: 56**
- FL: 37
- NJ: 36*

Children

- FL: 52**

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Informal Caregivers
Very Satisfied with Overall Care

**Significantly different from control group at .10 (*), .05 (**), or .01 (***) level.**
Effects on Medicaid PCS/HCBS Expenditures—Year 1

- Significantly Higher for Treatment Group in Each State
- In AR and NJ, Mainly Because Control Group Received Substantially Less Care Than Authorized
- In FL, Mainly Because Children and Adults With Developmental Disabilities Got Larger Benefit Increases After Assigned to Treatment Group
Effects on non-PCS Medicaid Expenditures

- Other Medicaid Costs Moderately Lower For Treatment Group in Each Age Group in All Three States

- The Best Example:
  - In AR, Compared to Control Group, Treatment Group Had 40% Fewer Admissions to Nursing Facilities in Second Year
Effect on Total Medicaid Costs

- In AR, No Significant Difference by End of Year 2
  - Reductions in NF and other Waiver Costs Off-Set Increase in Personal Care Costs

- In NJ and FL, Costs Up 8-12%, But States Learned How to Control Costs

- Higher Costs in AR and NJ Due to Failure of Traditional System
Policy Implications

- Can increase access to care
- Greatly improves quality of life (all ages)
- Caregivers also benefit greatly
- States may be concerned about costs
  - But have learned how to control them