



CASH &
COUNSELING

Cash & Counseling Congressional Briefing

Kevin J. Mahoney, PhD
National Program Director

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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

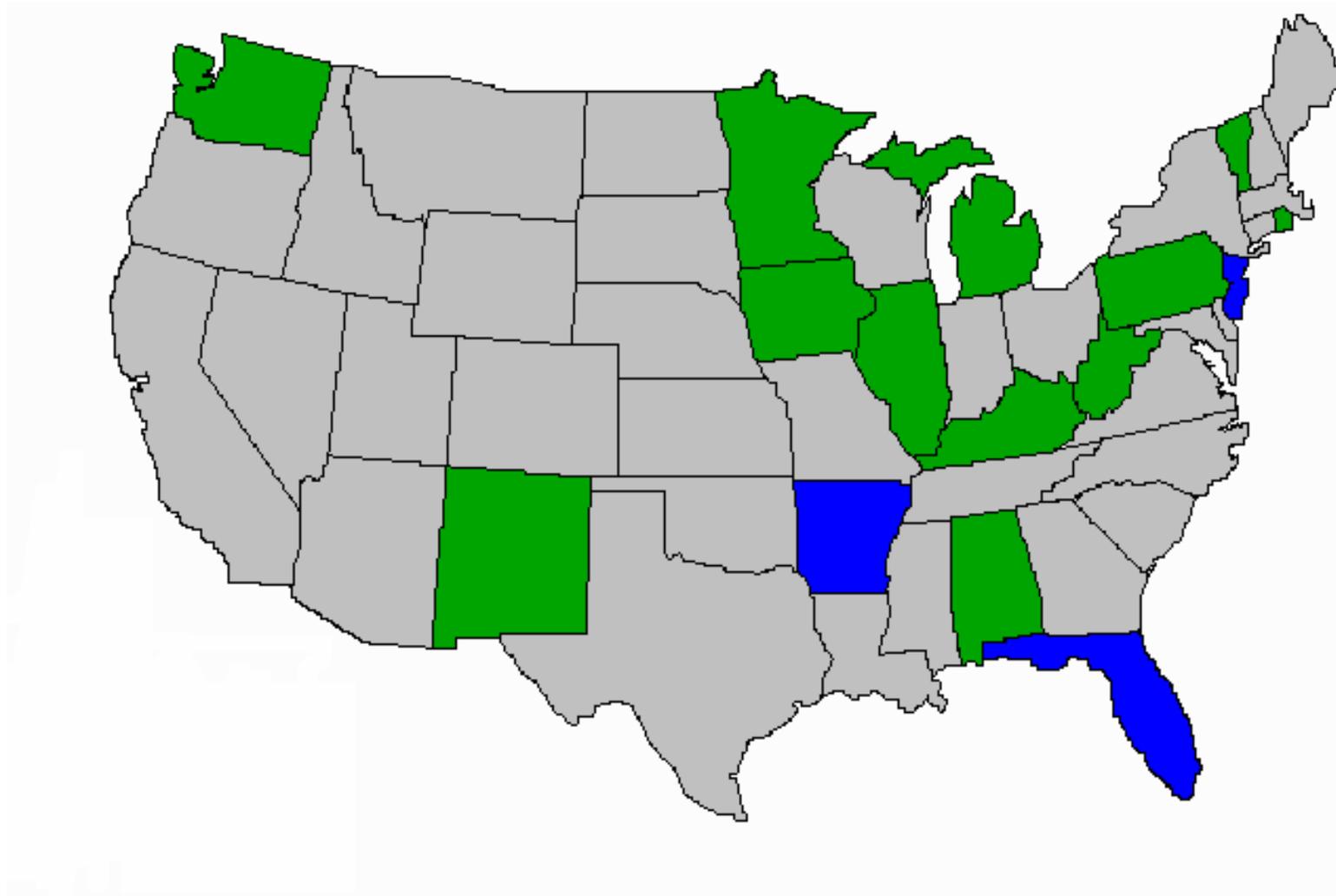
Basic Model for Cash & Counseling

- ❑ 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

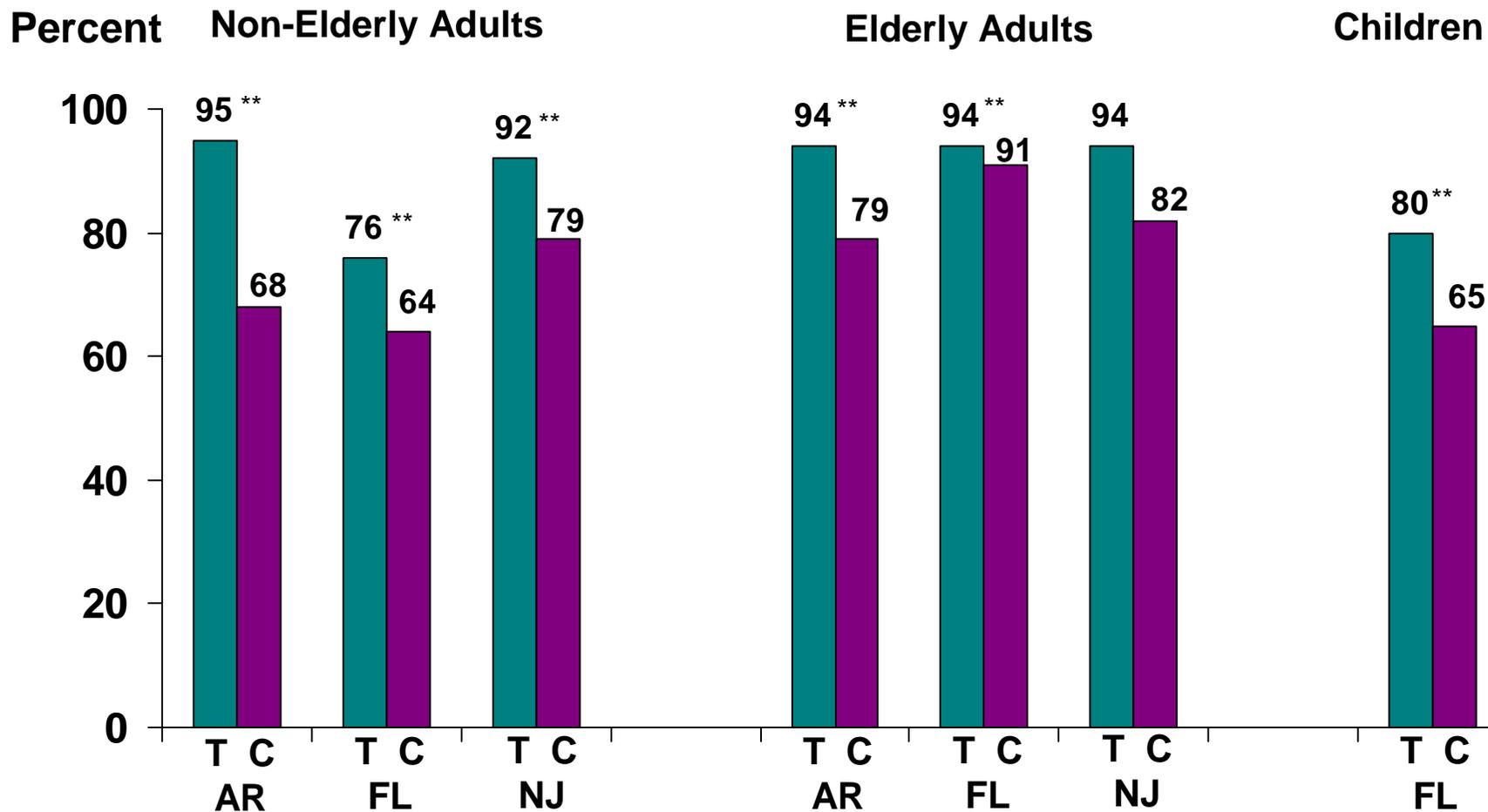
Basic Model for Cash & Counseling

- ❑ 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

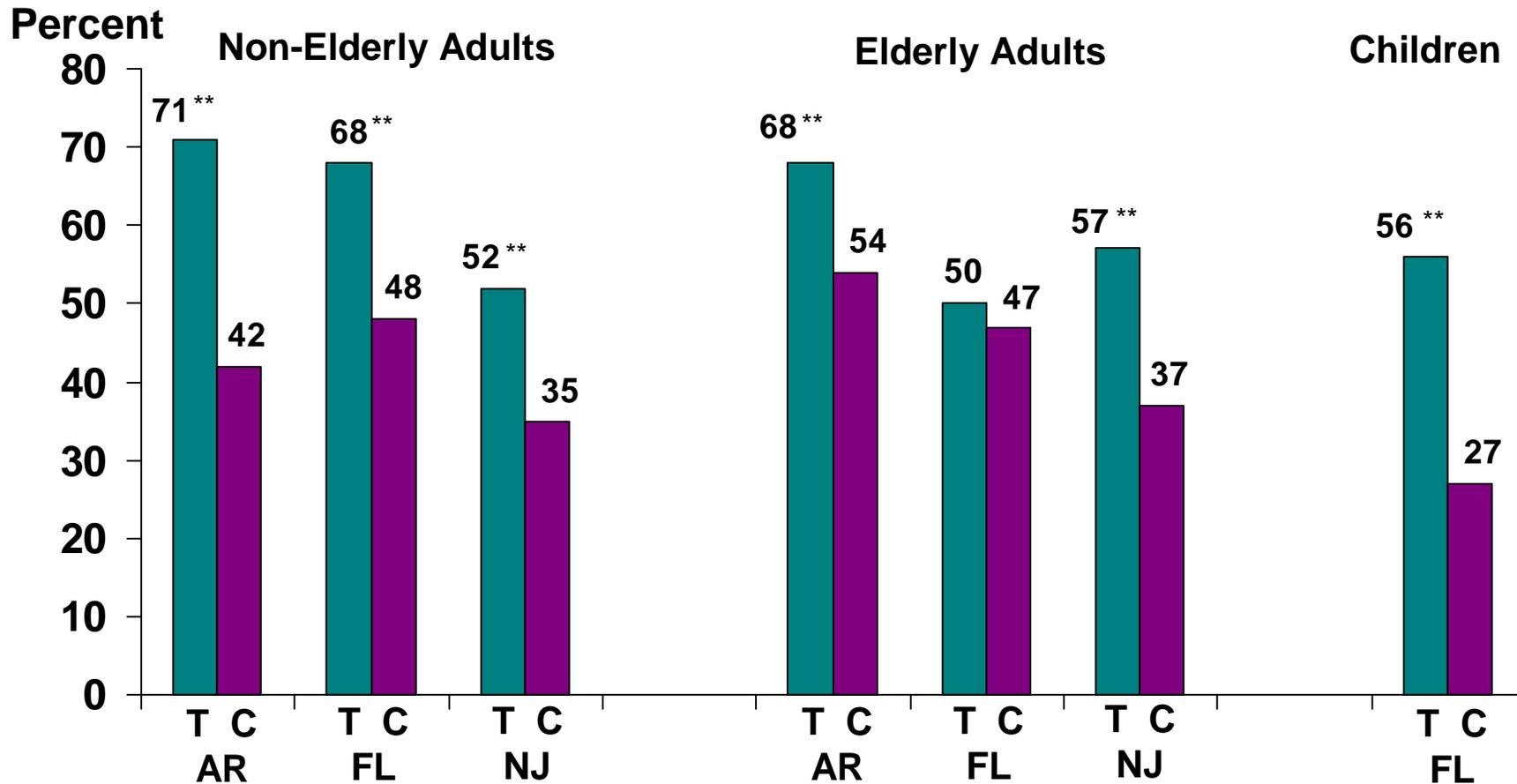


Receiving Paid Assistance at 9 Months



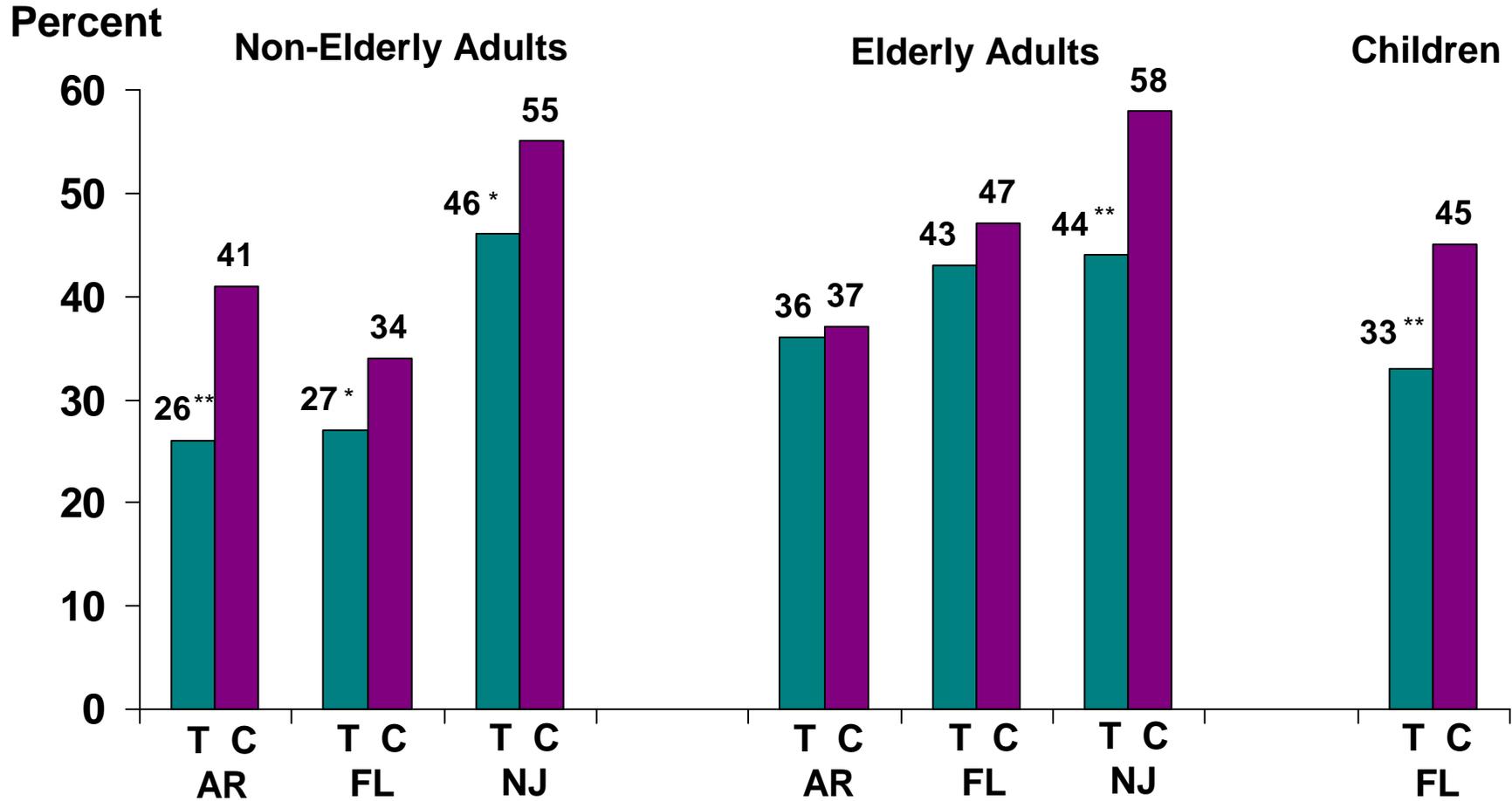
*, ** Significantly different from control group at .05, .01 level, respectively.

Very Satisfied with Overall Care Arrangements



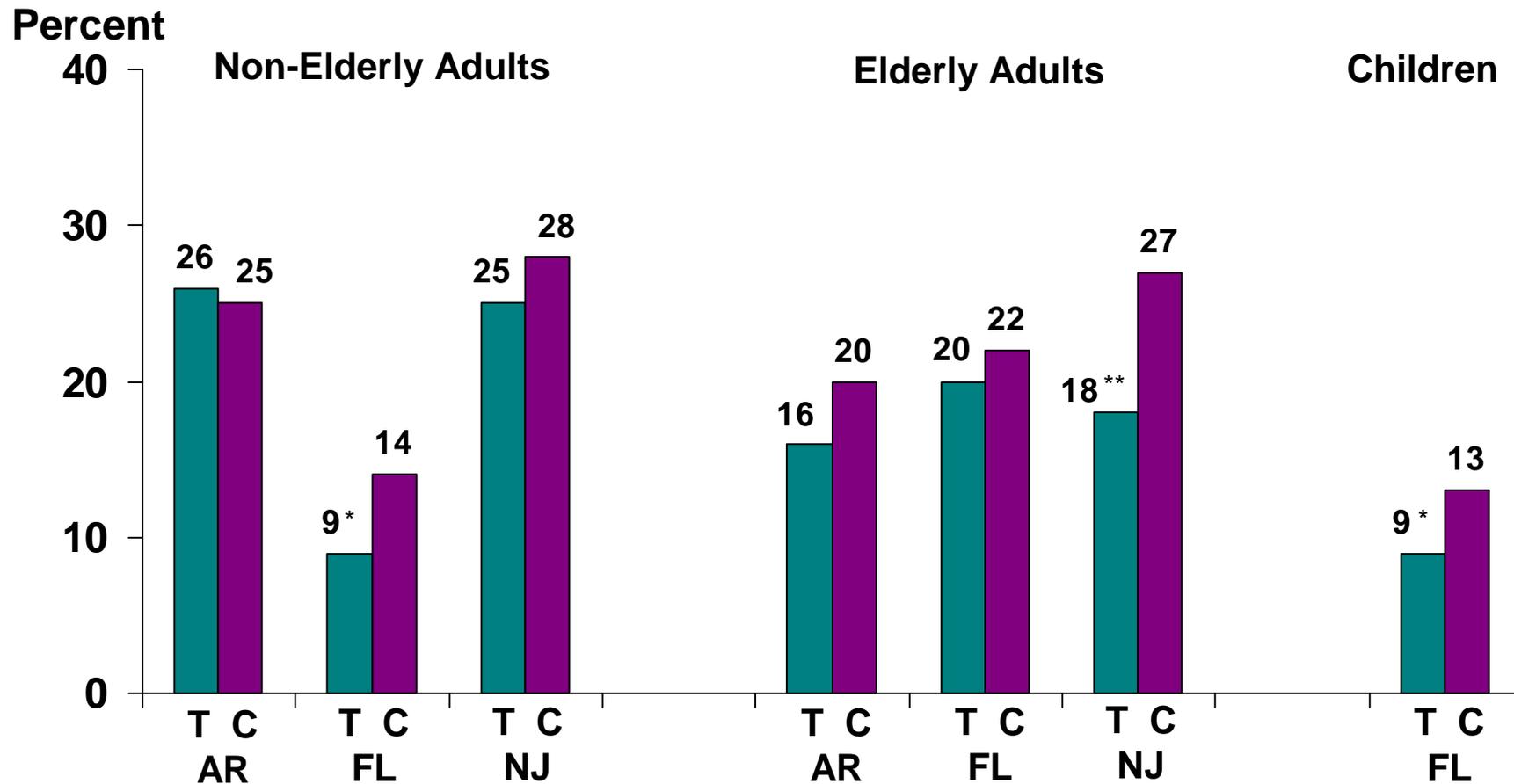
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Had an Unmet Need for Help with Personal Care



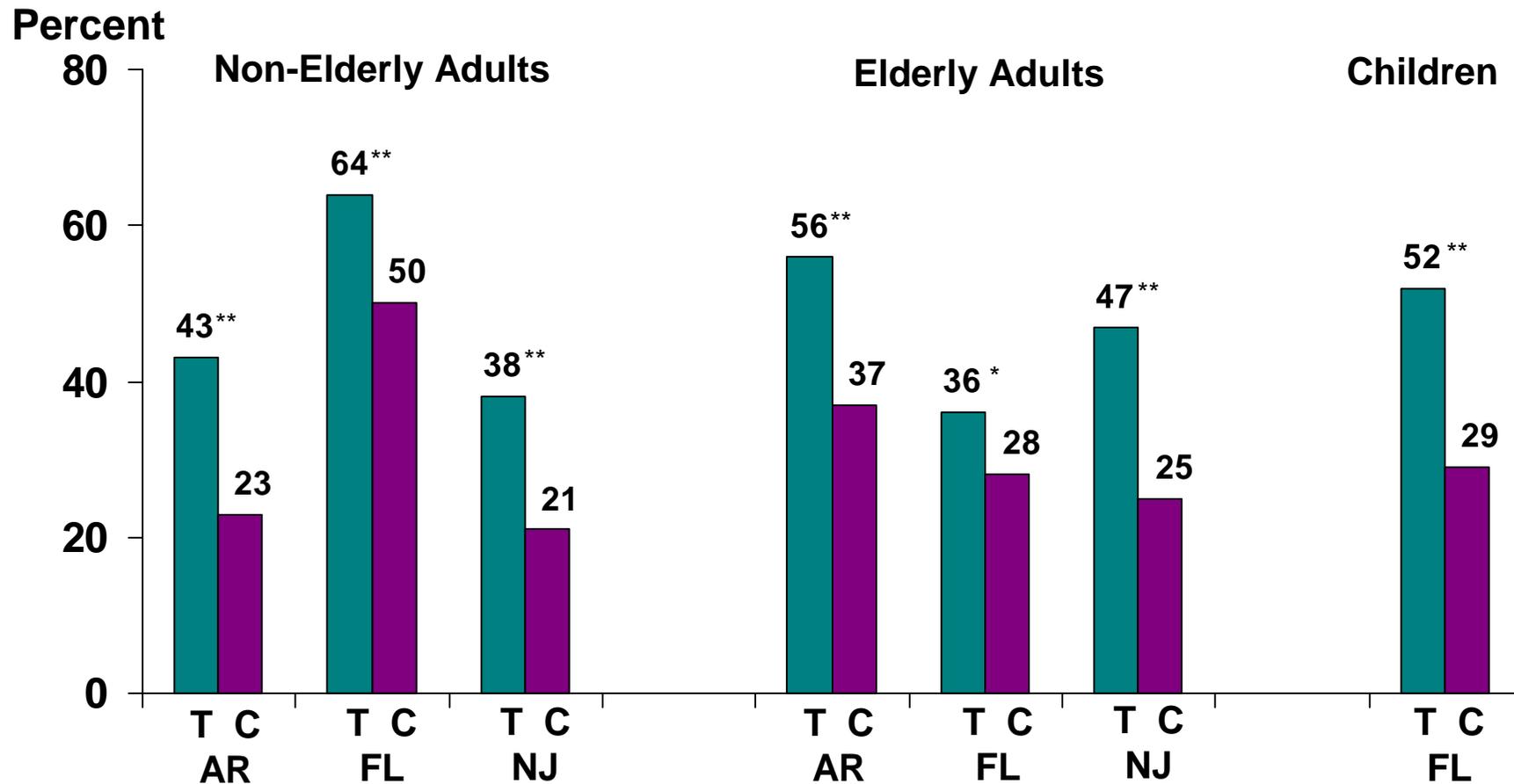
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Contractures Developed or Worsened



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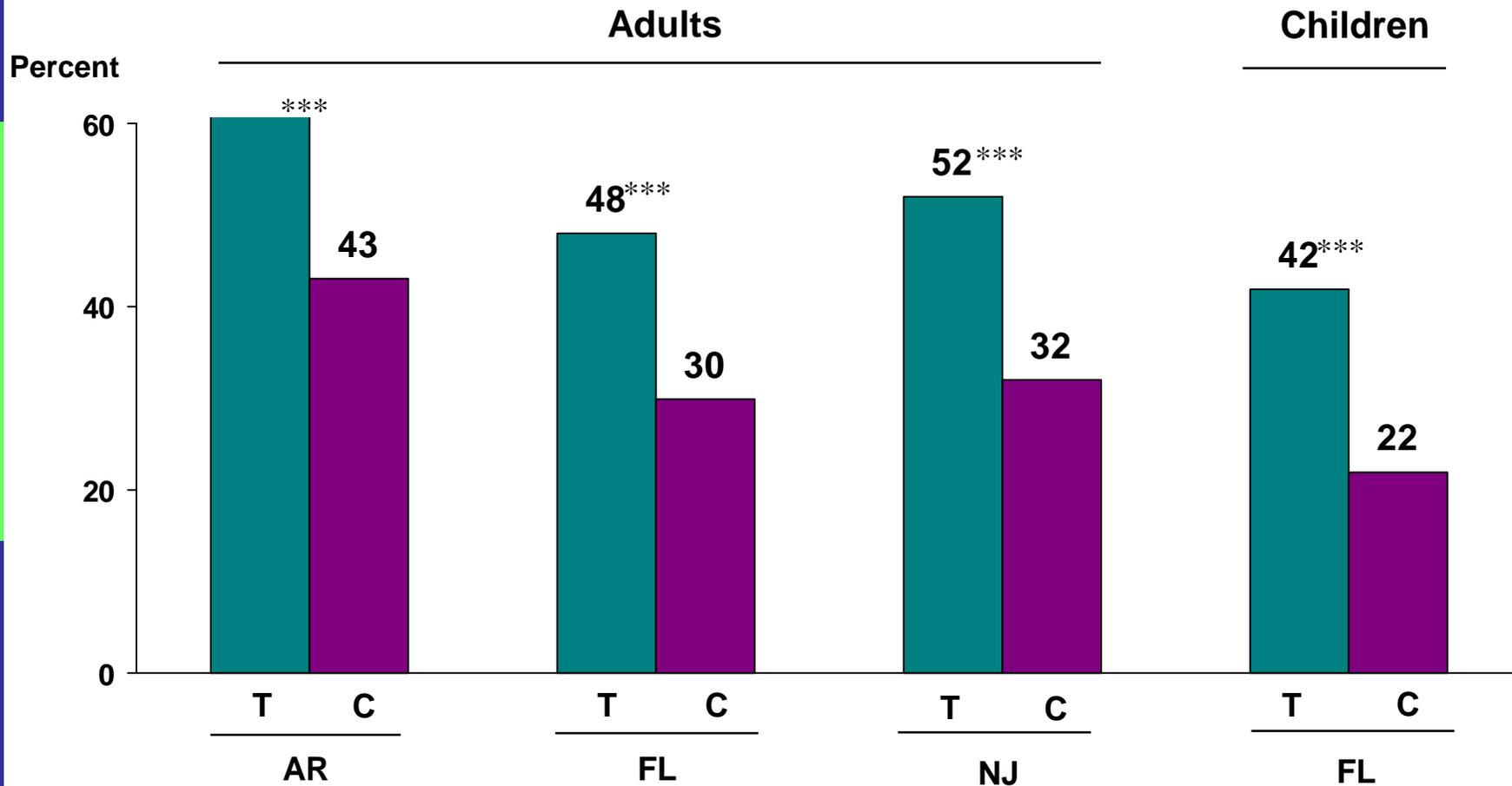
Very Satisfied with Way Spending Life These Days



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

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