



**CONSUMER DIRECTION IN OHIO: FINDINGS
 FROM TWO DEMONSTRATION PROJECTS**

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Purpose

The Central Ohio Area Agency on Aging (PSA 6) and the Council on Aging of Southwestern Ohio separately contracted with Scripps Gerontology Center to compare their clientele receiving consumer-directed care with those who chose to remain in traditional case-managed home-care programs. Specifically, the task of the study was to identify and compare consumer-directed and traditional case-managed clients on the following: client characteristics; client satisfaction levels; impact on informal caregivers; and cost of services.

Background

Over the last 30 years, both nationally and in Ohio there has been an increase in publicly funded home-care services provided to older adults. At the same time, advocates and older adults with physical and intellectual disabilities have expressed the need to have more choice and control over their in-home services. The results of the rigorously tested Cash & Counseling demonstrations during the late 1990s have helped to bolster support for consumer- or self-directed services. More self-directed programs have been created as federal agencies such as the Centers for Medicare and Medicaid Services (CMS) and the Administration on Aging (AoA) have become more willing to provide funding to support these programs.

In the last decade, Ohio has implemented and evaluated two consumer-directed programs focused primarily on older adult clients. In the first, the planning and service area site (PSA 6) received a grant from the Robert Wood Johnson Foundation to implement one such program, Choices, within the state's Medicaid Waiver Program (PASSPORT). The Council on Aging of Southwestern Ohio implemented a consumer-directed care (CDC) program within two of its Elderly Services Programs (ESP), which are locally funded levy programs serving clients unable to qualify for PASSPORT. This research brief summarizes the results from the two evaluations.

Findings

- Clients choosing consumer-directed services at both sites tended to be older and more physically and cognitively impaired than their traditional case-managed counterparts (see Table 1, right).
- At both sites, those who enrolled in the consumer-directed program had very high levels of satisfaction. The high levels of satisfaction were significantly different from their own satisfaction levels before enrolling in the consumer-directed option (see Table 2, next page). Their satisfaction levels also increased to the levels of those who continued receiving traditional services.

**Table 1
 Characteristics of Consumer-Directed and Traditional Clients**

	PSA 6: PASSPORT Program		Elderly Services Program	
	Choices PASSPORT N = 168	Traditional PASSPORT N = 399	ESP-CDC N = 165	Traditional ESP N = 407
Age	78.7	77.3	82.0	80.7
Female	80.7	83.7	83.9	79.4
African American	25.7	26.7	30.1	27.3
Lived alone	23.0	NA	47.6	67.6*
4 or more ADL impairments	49.6	29.1*	20.4	5.1*
Alzheimer's/dementia	19.0	16.0	26.1	10.5*

* Significant at $\leq .05$



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Findings (continued)

- Informal caregivers were also affected by the program. There was a decline in the number of unpaid care hours provided. It is important to note, however, that the number of care plan hours did not change for clients when transitioning from the traditional programs to the consumer-directed options. At the same time, there was an increase in caregiver satisfaction with the services; the majority of caregivers stated that the consumer-directed program gave them respite or more free time to focus on other things besides caregiving.
- Similar to the national Cash & Counseling demonstrations, Ohio's consumer-directed services cost significantly less per hour of service than agency services since the services were directly contracted by clients with workers avoiding additional administrative costs. The lower service cost, however, did not translate to savings for either of Ohio's consumer-directed programs as participants spent a larger proportion of their allotted budgets than traditional clients.

Findings from these two programs were very positive and similar to the earlier findings from the National Cash & Counseling Demonstration and Evaluation. Ohio has expanded the consumer-directed option in the PASSPORT program to two additional sites, while the Council on Aging has continued to provide the consumer-directed option within the two original demonstration counties.

Table 2
Satisfaction Levels for PSA 6 PASSPORT Choices and ESP-CDC Participants at Baseline and After Six Months Compared to Traditional Home Care Clients

	PSA 6: PASSPORT			Elderly Services Program		
	Baseline Choices N = 168	Six Month Choices N = 87	Traditional PASS-PORT N= 207	Baseline ESP-CDC N = 165	Six Month ESP-CDC N = 84	Traditional ESP N = 157
Overall how would you rate the quality of the services received?	90.8	100.0 ^a	97.1	NA	95.0	NA
How satisfied right now are you with ...						
the ability to choose the person who takes care of me?	51.9	100.0 ^a	93.3 ^b	72.5	97.5 ^c	93.6 ^d
the opportunity to choose the types of services that I need?	77.0	100.0 ^a	93.3 ^b	82.1	98.8 ^c	95.0 ^d
the number of hours of service that I receive?	61.3	76.7 ^a	81.6	64.3	85.2 ^c	85.2
the availability of case manager advice when I am making decisions?	95.0	98.8	92.8 ^b	89.8	92.3	96.2 ^d

a: Comparison of baseline Choices to six month Choices significant at $\leq .01$

b: Comparison of six month Choices to traditional PASSPORT significant at $\leq .01$

c: Comparison of baseline ESP-CDC to six month ESP-CDC significant at $\leq .01$

d: Comparison of six month ESP-CDC to traditional ESP significant at $\leq .01$

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