

Council of State Governments 2008 Innovations Awards Program

APPLICATION: Due March 1, 2008

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ID # (assigned by CSG): 08-W-08HI

Please provide the following information, adding space as necessary:

State: Hawaii

Assign Program Category: Health Services (long-term care)

1. **Program Name:** Going Home
2. **Administering Agency:** Hawaii State Department of Human Services (DHS)
3. **Contact Person:** Alan Eyerly, DHS Senior Communications Advisor
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7. **E-mail Address:** Alan.L.Eyerly@hawaii.gov
8. **Web site Address:** www.hawaii.gov/dhs
9. **Please provide a two-sentence description of the program:** Going Home is an innovative, cost-effective, easily adoptable and compassionate program that enables Medicaid recipients requiring intermediate and skilled nursing care to relocate from hospitals and nursing homes to community-based facilities, including adult foster homes. This initiative improves the quality of life for Medicaid clients, gives them more choices for nursing care, frees up much-needed bed space in acute-care facilities, and saves State taxpayers \$78,475 per client each year.
10. **How long has this program been operational (month and year)?** Going Home became operational in July 2003.
11. **Why was the program created? What problem[s] or issue[s] was it designed to address?** Hawaii, like all States, faces the complex and costly challenge of providing long-term care for elderly and disabled residents. This issue looms ever larger as members of the massive "baby boom" generation begin to retire in larger numbers. The increasing demand for long-term care facilities has created a shortage of bed space in hospitals and nursing homes, while placing a financial burden on taxpayers as healthcare costs continue to escalate. More importantly, many Medicaid clients do not want to live in institutional settings and prefer instead to receive nursing care in community-based residential facilities, such as adult foster homes.

12. **Describe the specific activities and operations of the program in chronological order.** A long-term care case involving a Medicaid client on the island of Maui prompted DHS Director Lillian Koller to reexamine the Department's practice of exclusively housing nursing care clients in hospitals. She worked closely with her staff and the Federal government on how best to deinstitutionalize these clients, if that is their choice, and then compensate adult foster homes and other community-based caregivers using Medicaid funds. The result was the Going Home project.

13. **Why is the program a new and creative approach or method?** The launch of Going Home in July 2003 put Hawaii at the forefront of what is becoming a nationwide trend of deinstitutionalizing patients who prefer to receive nursing care in home-like settings rather than in acute care facilities. Previously, Medicaid funding for these DHS clients went exclusively to hospitals. Now patients have the option of moving back into the community and receiving quality long-term care in residential facilities. This initiative gives clients more choices, frees up beds in acute care facilities, spurs expansion of the residential care industry and produces significant cost savings for taxpayers.

14. **What were the program's start-up costs?** Start-up costs were minimal. After Director Koller approved the Going Home proposal, DHS staff revised policies and notified caregivers that Medicaid dollars are available for patients who wish to move out of hospitals and into residential facilities.

15. **What are the program's annual operational costs?** Because it is far less expensive to provide long-term nursing care in residential settings as opposed to hospitals, Going Home saves State taxpayers \$78,475 per patient annually.

16. **How is the program funded?** Federal and State Medicaid funds.

17. **Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.** No. All that was required was a change in Medicaid funding policy by the DHS Director.

18. **What equipment, technology and software are used to operate and administer this program?** DHS staff members use their existing computer equipment and software to administer Going Home.

19. **To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address.** Yes, Going Home did originate in Hawaii. Our program was tailored to fit Hawaii's Medicaid structure. Also, Going Home is in keeping with Hawaii's longstanding tradition of respecting our "kupuna" (the elderly) by caring for them in home-like settings as opposed to institutional facilities. The original proposal for Going Home was written by Anne Trygstad, a registered nurse, and was presented to Director Koller via the Maui Long Term Care Partnership and the Hawaii Health Systems Corporation. Anne Trygstad's e-mail is: antrygstad@HHSC.org.

20. **Are you aware of similar programs in other states? If YES, which ones and how does this program differ?** Yes. Oregon has a similar program that demonstrates the cost effectiveness of enabling elderly residents to relocate from institutional facilities to home-like settings.

21. **Has the program been fully implemented? If NO, what actions remain to be taken?** Yes, Going Home is fully implemented. It will continue to expand as more residential care providers join the program and as an increasing number of Hawaii residents enter their retirement years. DHS continuously recruits additional adult foster homes, officially known as Community Care Foster Family Homes

(CCFFHs). Because of these efforts, since September 2005 we have had a 35 percent increase in the number of certified CCFFHs in Hawaii.

22. **Briefly evaluate (pro and con) the program’s effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.** On the pro side, Going Home gives Medicaid clients more choices about where they want to receive nursing care, it frees much-needed bed space in acute-care facilities, it stimulates the residential care industry and it produces significant savings for taxpayers. We do not see a downside to this innovative, timely, cost-effective and compassionate program.

23. **How has the program grown and/or changed since its inception?** Going Home continues to deinstitutionalize Medicaid patients each month. As of December 2007, 834 clients have benefited from this program. Based on the success of Going Home, DHS in 2007 began developing Going Home Plus to help individuals with more complex medical needs – including the elderly, medically fragile children and persons with disabilities – transition from hospitals and nursing facilities to community settings. Funding this five-year project is a “Money Follows the Person Rebalancing Demonstration” grant from the Federal government. The project is a collaborative effort between DHS and its community partners, including the University of Hawaii Center on Disability Studies. Going Home Plus is scheduled for implementation on July 1, 2008.

24. **What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?** We do not see any significant obstacles. Going Home is easily adoptable by other States, and DHS is always willing to share details of this program with our counterparts across the nation.

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This application is also available at www.csg.org, in the Programs section.