

CONNECTICUT'S VETERANS-DIRECTED CARE PROGRAM OUTCOMES COMPARED TO HCBS WAIVER PARTICIPANTS: HCBS CAHPS RESULTS

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Connecticut (CT) Veterans Directed Home and Community Based Services Program (VDC) is an innovative Veterans Administration (VA) services option providing veterans at risk of institutionalization with person-centered consumer-directed long-term services and supports at home. Funded by an Administration for Community Living grant, the CT Department of Aging and Disability Services partnered with the VA, the five CT Area Agencies on Aging, and UConn Health Center on Aging (UConn). UConn researchers conducted the Consumer Assessment of Healthcare Providers and Systems in Home and Community Based Services (HCBS CAHPS) survey with VDC participants (n=36) from October 2019 through March 2020. The standardized, validated HCBS CAHPS survey, which Connecticut administers to individuals in most CT Medicaid HCBS programs, is a universal, cross-disability tool to assess/improve the quality of HCBS programs. Analyses compared VDC participants' program experiences to survey results from individuals in the Connecticut Home Care Program (CHCP) (for older adults) (n=629), Personal Care Assistance (PCA) (n=282), and Acquired Brain Injury (ABI) (n=327) waiver programs. Notably, more VDC participants (91%) knew who their support broker was, compared to CHCP, ABI, and PCA (82%, 79%, and 72%, respectively) who knew their case manager; 91% of VDC participants gave their support broker the highest rating, compared to 66% to 74% of participants in other programs who rated their case manager. This study provides strong evidence that the CT VDC program is positively impacting veterans and that the AAAs and support brokers are effectively helping them receive the HCBS they need in a consumer-directed way.

OLDER BREAST CANCER SURVIVORS: PERSPECTIVES ON HEALTHCARE ENCOUNTERS AND UNMET NEEDS

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Breast cancer treatment advances have lengthened the survivorship period. Limited attention has focused on the myriad issues breast cancer survivors experience related to their cancer and other health conditions as they age. Focus groups, conducted Fall 2019 – Spring 2020 with a diverse sample of breast cancer survivors from the New York metropolitan region (N=28) explored survivors' healthcare encounters and goals, quality of life, survivorship lifestyle, other health conditions and risks, e.g. emergence of COVID-19. Participants were 40-82 years old (57% were 56 or older); racially diverse (57% White, 18% Black, 14% Hispanic, 11% Bi-racial); 32% were married/partnered and 57% were parents. Mean diagnosis age was 51. Treatments

received included lumpectomy (64%), chemotherapy (57%), radiation (46%), hormonal therapy (39%), and single/bilateral mastectomy (36%). Survivors expressed the importance of restoring normality in their life and the necessity to be pro-active in ensuring their health issues were addressed in medical encounters. Person-centered care and clinician engagement was valued, but not routinely experienced. Survivors evaluated treatment options not just on being cancer-free, but on how it would impact their whole life. They expressed concerns about the future and anxiety over long-term survival. Long term survivors, recipients of early experimental and/or extensive treatments, worried about an emergence of long-delayed adverse health consequences and complications managing other health issues in the future, particularly as they grew older. COVID-19 raised additional health concerns, particularly among those with high risk health conditions due to prior cancer treatments; various self-mandated protective activities were integrated into their self-care practices.

THE COSTS AND BENEFITS OF CHOICE: FAMILY MANAGERS IN DIRECTLY FUNDED HOME CARE

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Directly funded (DF) home care, or consumer directed home care, gives program users a budget to choose their own services. Set in the Canadian province of Manitoba, our study examines the local DF program "Self and Family Managed Care", which does not allow program users to hire and pay a family member. Incorporating a disability lens into care and aging studies, we share findings from a qualitative study based on 24 semi-structured interviews with DF users. We focus on the experiences of family managers, that is, representatives acting as a decision maker for an older adult. About half of the family managers in this study care for people living with dementia or cognitive decline. We identify two main themes: 1) service flexibility in DF reduces caregiver strain, 2) family managers tend to hire agencies rather than individuals to avoid administrative burden. Our discussion highlights the costs of DF from the perspective of caregivers as administrative burden (financial paperwork, finding workers, choosing a 'good' agency), and the benefits as flexibility (choosing workers, trusting workers, setting schedules, assigning work). We also consider the goals of family managers to enhance quality of life and avoid long-term residential care, in contrast to younger self-managers who desire control and autonomy. We recommend that DF programs need to reduce administrative work for users, support users in making informed choices, and find better ways to support, acknowledge and value the work of family managers and substitute decision makers.

THEY HAVE THE ABILITY TO SAY YES OR NO: PROVIDERS' PERSPECTIVES ON VETERANS' SERVICE REFUSAL AS A CAUSE OF READMISSIONS

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