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HCBS Intensive

Money Follows the Person/Balancing Incentive Program

September 15, 2014

Housekeeping

- Breaks and Restrooms
- Adhering to agenda timeframes
- Parking Lot
- Note cards on tables
  - Name
  - e-mail
  - Question/Comment/Suggestion
- Evaluation Forms

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Money Follows the Person/Balancing Incentive Program HCBS Intensive

Welcome
&
Setting the Stage

Purpose of the Day

- Review three primary MFP Policies
- Offer opportunity for Balancing Incentive Program states to meet and exchange information
- Gather input to inform development of attributes of a high performing system for home and community based services (HCBS) and associated tools and resources

Expected Outcomes

- Common understanding among grantees of what is required for them to comply with the three policies
- Improved understanding of innovative and state-specific efforts from the Balancing Incentive Program
- Identify topic and items for deeper discussions at future Technical Assistance (TA) events (webinars, discussion groups, Project Director Meeting)

Review of Agenda

- Morning Sessions:
  - MFP grantees: Benchmarks, Rebalancing, and Sustainability Policy Discussions
  - Balancing Incentive Program grantees: Expanding Community Long Term Services and Supports and Sustaining Programs
- Afternoon Sessions:
  - Mathematica Policy Research Presentation
  - Balancing Incentives Program Uses of Rebalancing Fund
  - Group Discussions
  - Wrap-up

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MFP Policy Discussions

Benchmarks Policy

MFP Policy Discussions: Benchmarks

Purpose: To provide guidance to Grantees regarding the requirements for meeting or amending established numerical transition benchmarks.

- Increasing Grantee Medicaid support for home and community-based long-term care services
- Numbers of eligible individuals assisted to transition to qualified residences

MFP Policy Discussions: Benchmarks

Numbers of eligible individuals assisted to transition to qualified residences

- At least 85% of the transitions targeted in their benchmark over a two-year period average
- Less than the 85% requires an Action Plan

MFP Policy Discussions: Benchmarks

Action Plan Process:

- Review of transitions to determine percentage of benchmarks achieved
- State Prepares Action Plan
- Project Officer Reviews Action Plan

MFP Policy Discussions: Benchmarks

Action Plan Contents:

- Current benchmark
- Status update
- Barriers
- Strategies
- Timeframes
- Person(s) responsible

MFP Policy Discussions: Benchmarks

Amending Benchmarks -Points to Consider:

- Are the benchmarks aspirational but still achievable?
- When should benchmarks be changed or modified?
- What is the process necessary for approval?

MFP Policy Discussions: Benchmarks

Q&A
Discussion

MFP Policy Discussions

Rebalancing Policy

MFP Policy Discussions: Rebalancing

Purpose: To provide grantees with guidance regarding rebalancing fund planning, utilization and reporting.

MFP Policy Discussions: Rebalancing

- States required to re-invest the enhanced Federal Medical Assistance Percentage (FMAP) into the community LTSS
  - Only for activities that enhance or expand HCBS, build infrastructure and capacity, etc.
  - *Not* for supplanting existing state, local, or private funding of infrastructure or services
- States evaluated annually against benchmarks

MFP Policy Discussions: Rebalancing

Rebalancing Plan:

- Detailed list of projects to be funded and funds allocated to each
- Proposed administrative support
- How state will monitor and manage funds
- Status of approved projects
- Plan for sustainability

MFP Policy Discussions: Rebalancing

State uses of rebalancing funds:

- Improving Pathways to HCBS
  - Outreach and education (7 states)
  - Assessment tools and processes (6 states)
  - Non-MFP transitions (3 states)
    - Teaching self-advocacy (1 state)

MFP Policy Discussions: Rebalancing

More state uses of rebalancing funds:

- Financing the Provision of Services
  - Transition services (6 states)
  - Full range of HCBS (14 states)
  - Housing Supports (7 states)
- Expanding and Supporting 1915(c) Waiver Programs (9 states)

MFP Policy Discussions: Rebalancing

More state uses of rebalancing funds:

- Supporting Providers
  - Workforce initiatives (4 states)
  - Trainings for state staff, providers, and communities (4 states)
  - Provider incentives and rate setting (2 states)
  - Facility closures and right sizing (3 states)
- Investing in Strategic Planning and Research (8 states)
- Improving Information Technology Systems (3 states)

MFP Policy Discussions: Rebalancing

Q&A
Discussion

MFP Policy Discussions

Sustainability Policy

MFP Policy Discussions: Sustainability Plan

Purpose: To provide information on sustainability planning required for 2016 supplemental award submission

MFP Policy Discussions: Sustainability Plan Why Necessary

MFP Budgets:

- May not be submitted after 2016
- Extensions will not be allowed, therefore Grantees must include all expenses anticipated through 2020 in 2016 budget

MFP Policy Discussions: Sustainability Plan Demonstration & Post Demonstration

Process:

- Elicit meaningful stakeholder input
- Develop a draft plan
- Meet with internal partners to determine
  - Commitment to current activities
  - Commitment to new activities
  - Commitment to sustaining either of these categories of activities post demonstration

MFP Policy Discussions: Sustainability Plan Policy Discussion

Mandatory Elements:

- Improve and sustain MFP transition activities
- Plans to provide services under new/existing Medicaid authorities
- How remaining rebalancing funds will be used
- Engagement of external stakeholders
- Ongoing MFP reporting

MFP Policy Discussions: Sustainability Plan

Optional Elements:

- Expanding accessible HCBS
- Develop and maintain new program activities and policies
- Preserve systems that support transitions
- Design, implement or expand No Wrong Door (NWD)

MFP Policy Discussions: Sustainability Plan

More Optional Elements:

- Create/expand person-centered planning
- Enhance employment services
- Improve Direct Service Workforce (DSW) supply/quality & caregiver supports
- Developing adequate housing supply
- Improve quality assurance/quality improvement systems.

MFP Policy Discussions: Sustainability Plan

Important Dates for Sustainability Plan

Activity	Important Date
Grantee Submits Sustainability Plan to CMS	April 30, 2015
CMS Approves Sustainability Plan	August 1, 2015
Grantee submits Final Supplemental Budget Request with Approved Sustainability Plan	October 1, 2015

MFP Policy Discussions: Sustainability Plan

Final Year Supplemental Award:

- Final Year of Transitions 2017
- Final Year of Services 2018*
- 365 Days (Temporary Suspension Discussion)
- Administrative Claiming after December 2017
- Sustainability Initiatives – Non-service activities associated with activities identified in the plan

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MFP Policy Discussions: Sustainability

Q&A
Discussion

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Changing Long-Term Services and Support

Recent Results from the National Evaluation of the Money Follows the Person Demonstration

Presentation at the HCBS Pre-Conference Money Follows the Person Intensive

Arlington, VA

September 15, 2014

Carol Irvin • Truven • Alex Bohl • John Schurrer • Dean Miller • Wilfredo Lim

States Are Strengthening Their Long-Term Services and Supports Systems

- Building the capacity of community-based systems to serve those who are frail or disabled
- Creating a more balanced system
  - One that provides choice in where people receive services and people receive LTSS in home- and community-based settings whenever that setting is appropriate

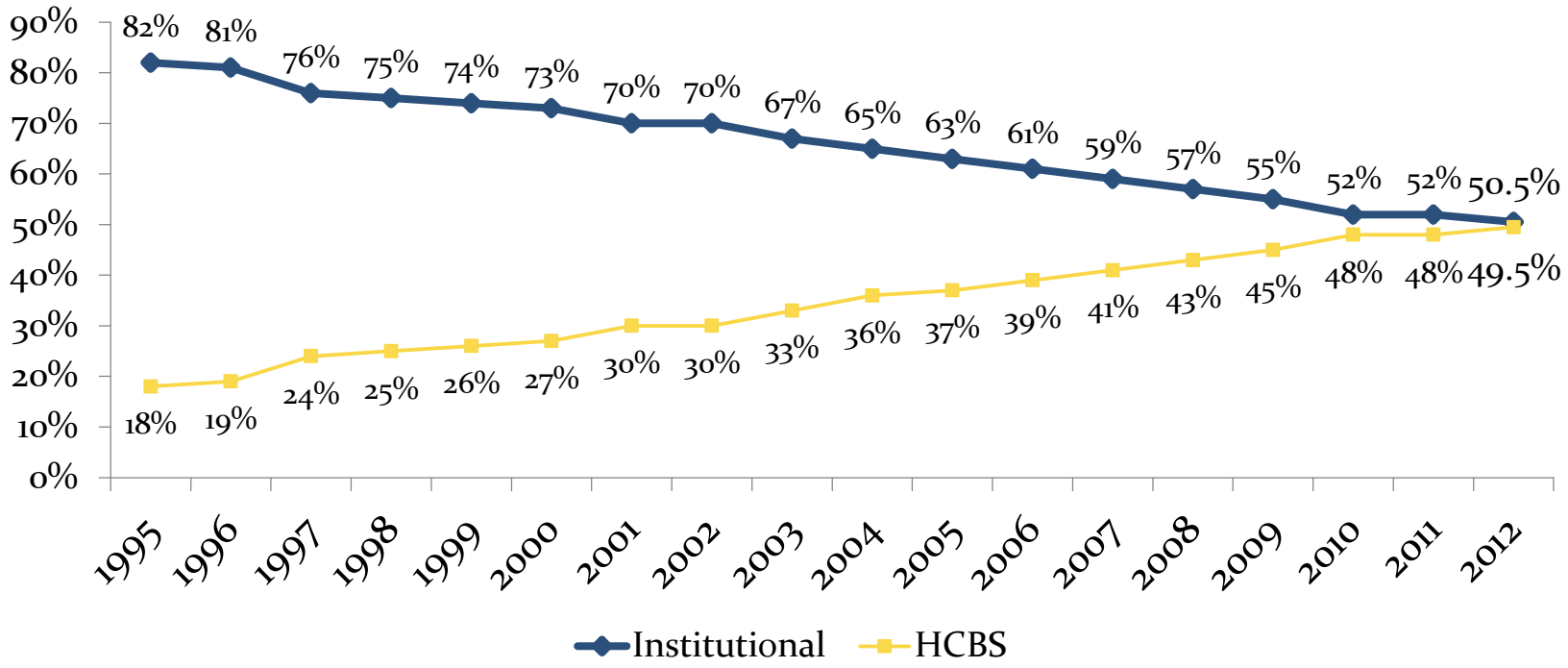
Outline

- The national picture
  - How expenditures of long-term services and supports (LTSS) is changing at the national level
- Initial cost implications of the Money Follows the Person (MFP) demonstration
  - How expenditures change after someone transitions to the community
    - Overall total
    - LTSS expenditures
    - Medical care expenditures
- Service innovations by state MFP programs

The National Picture

Tipping the Balance: Increased Spending on Community –Based Services

Medicaid Institutional and HCBS Expenditures as a Percentage of Total Medicaid LTSS Expenditures, FFY 1995 - 2012



Source: Truven analysis of CMS 64 data (Eiken et al. 2014)

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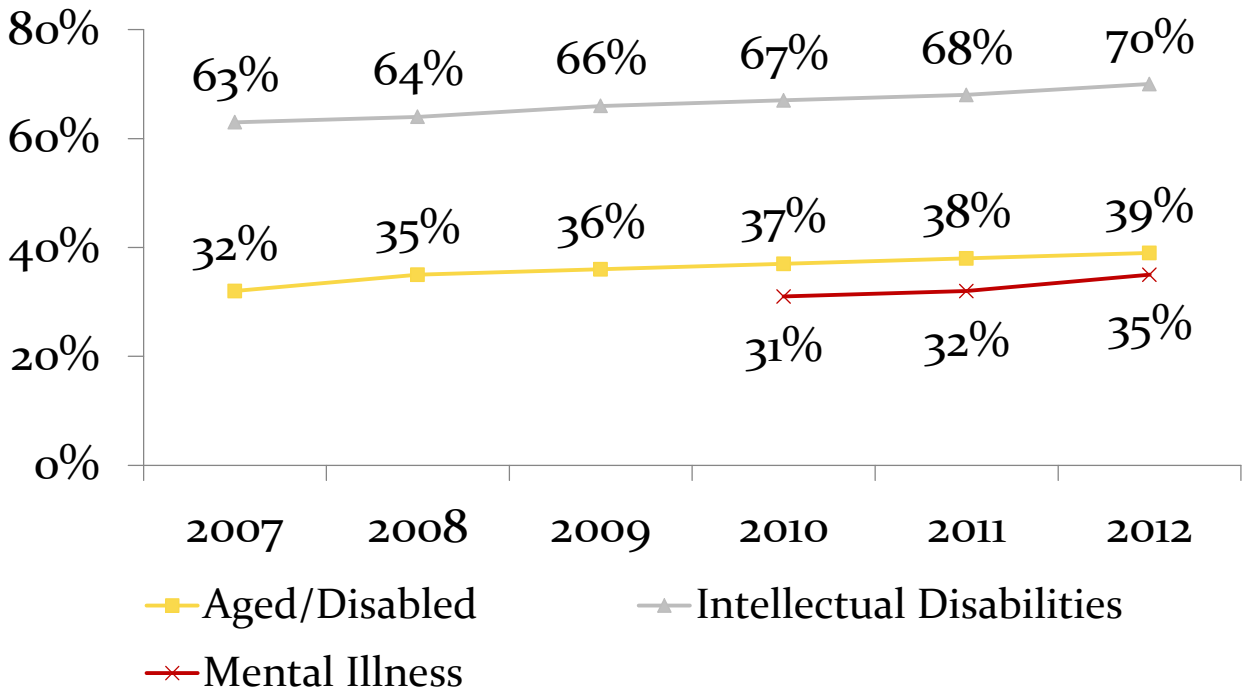
Progress Varies by Population

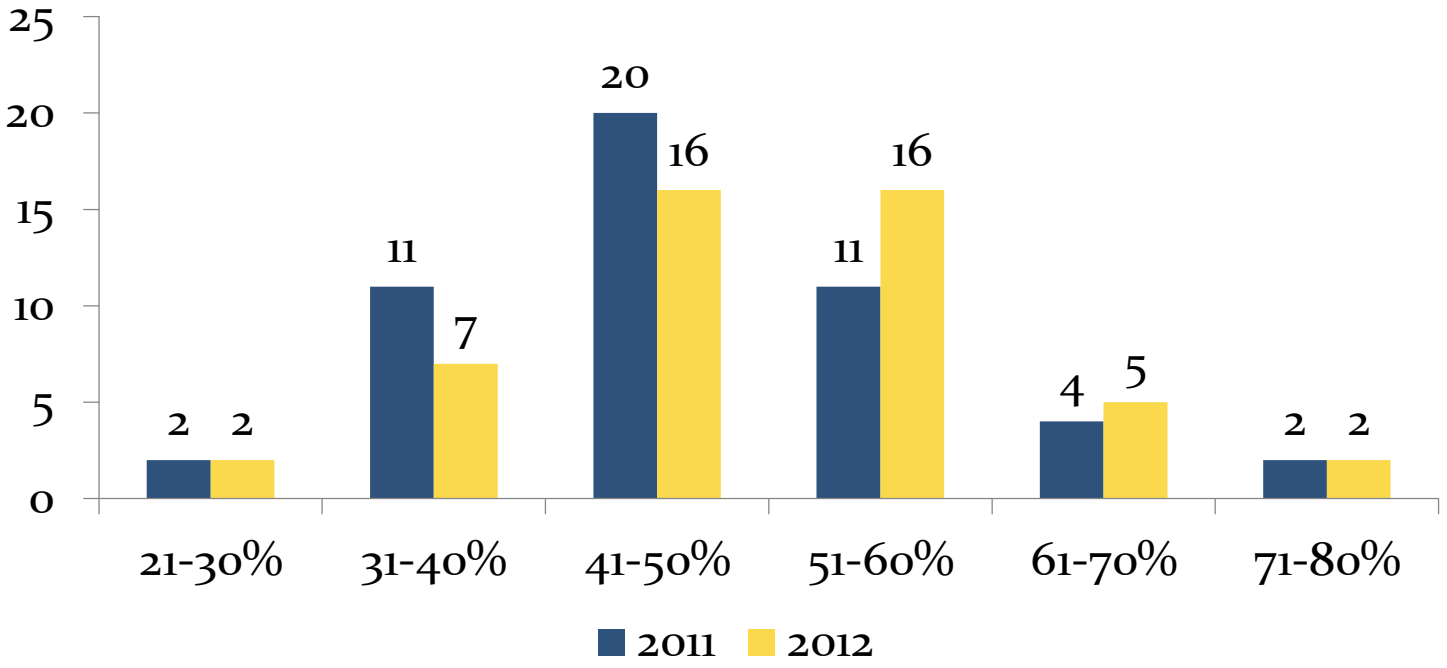
Percentage of Medicaid LTSS Spent on HCBS, by Population



Source: Truven analysis of CMS 64 data (Eiken et al. 2014)

Many States Have Room to Grow

2012 Distribution of States by Percentage of Medicaid LTSS Spent on HCBS



Source: Truven analysis of CMS 64 data (Eiken et al. 2014)

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Many States Have Room to Grow

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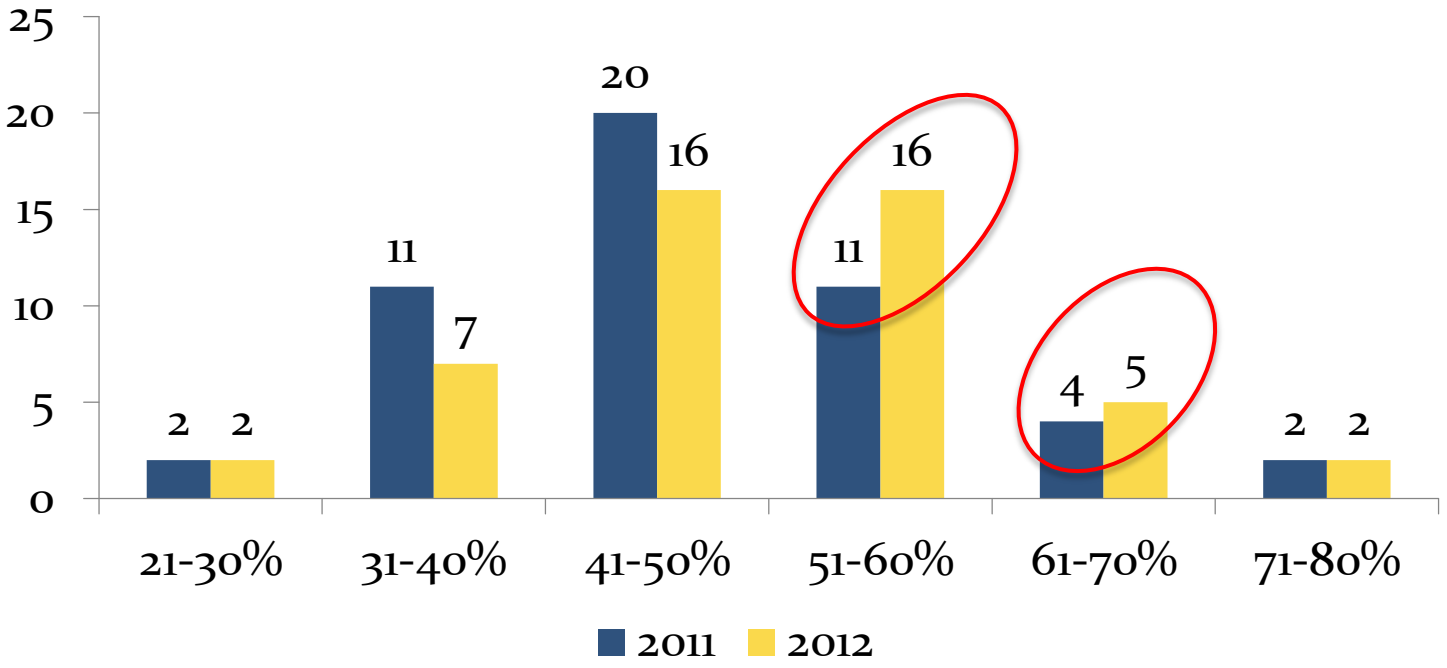

Source: Truven analysis of CMS 64 data (Eiken et al. 2014)

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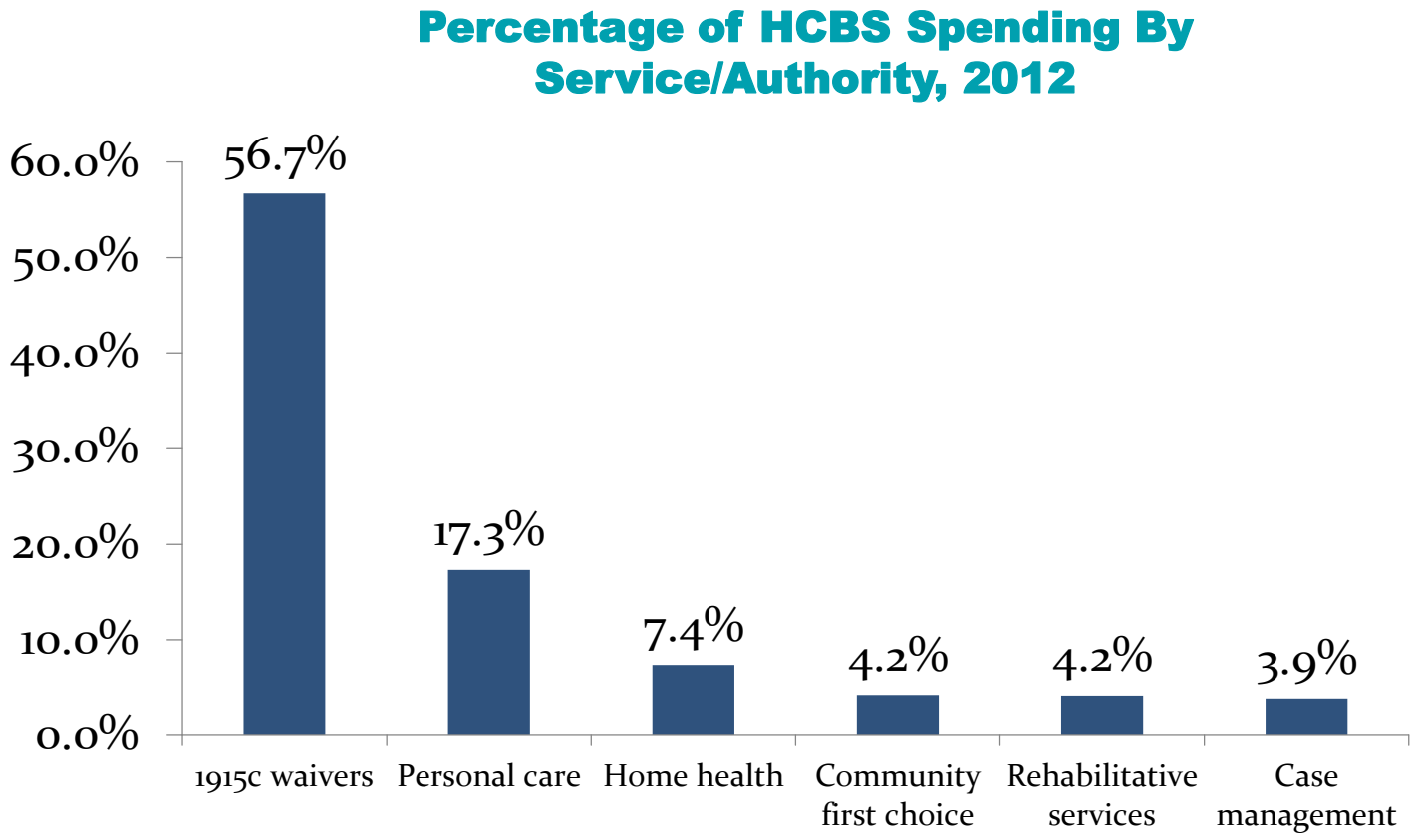
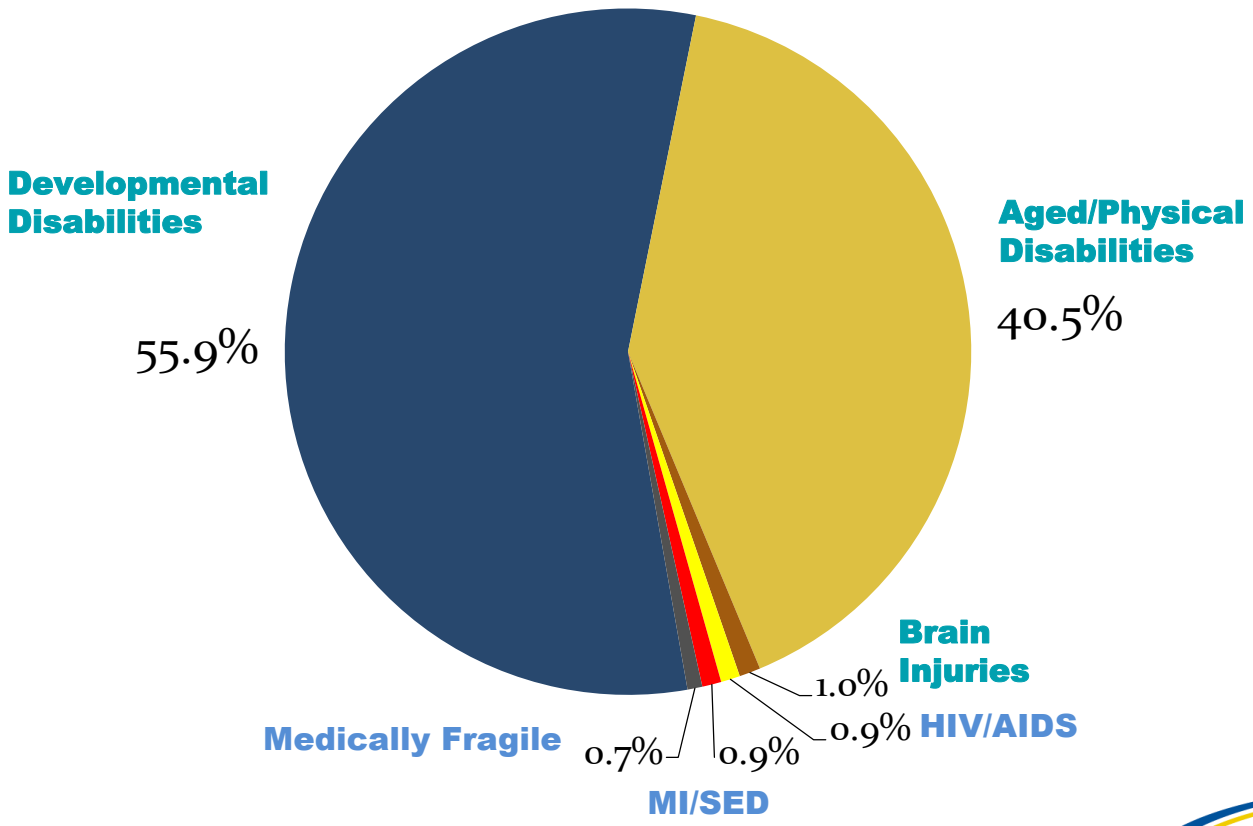
Waiver Expenditures Account for Majority of HCBS Expenditures



Source: Truven analysis of CMS 64 data (Eiken et al. 2014)

Aged and People with Physical or Intellectual Disabilities Account for Majority of Waiver Participants

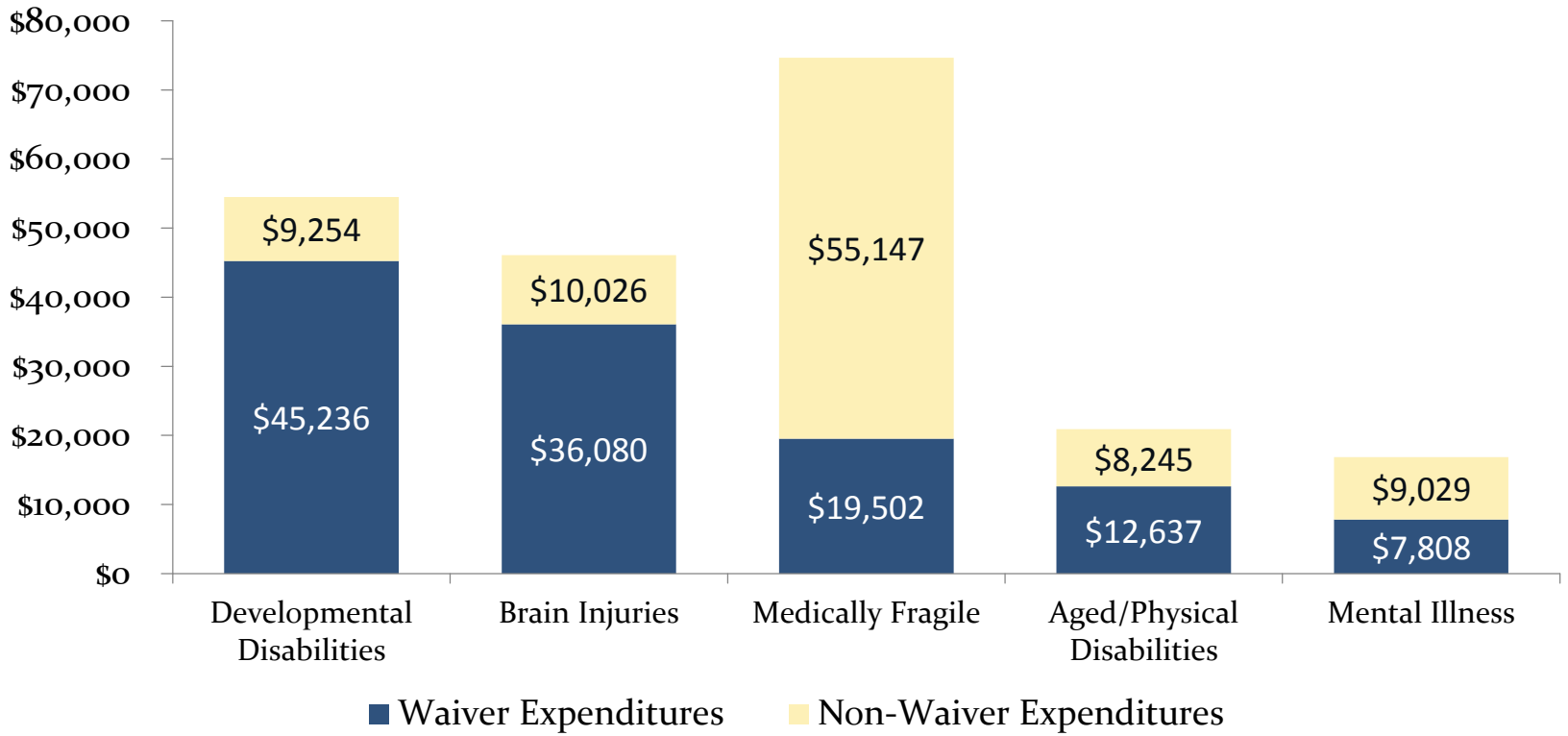
Distribution of 1915c Waiver Participants by Target Population, Waiver Year Ending in 2010



Source: Truven analysis of 372 data (Eiken and Lelchook 2013)

People with Intellectual Disabilities Have the Highest HCBS Expenditures on Average

Average 1915c Waiver and Total Medicaid Expenditures per Participant, Waiver Year Ending in 2010



Source: Truven analysis of 372 data (Eiken and Lelchook 2013)

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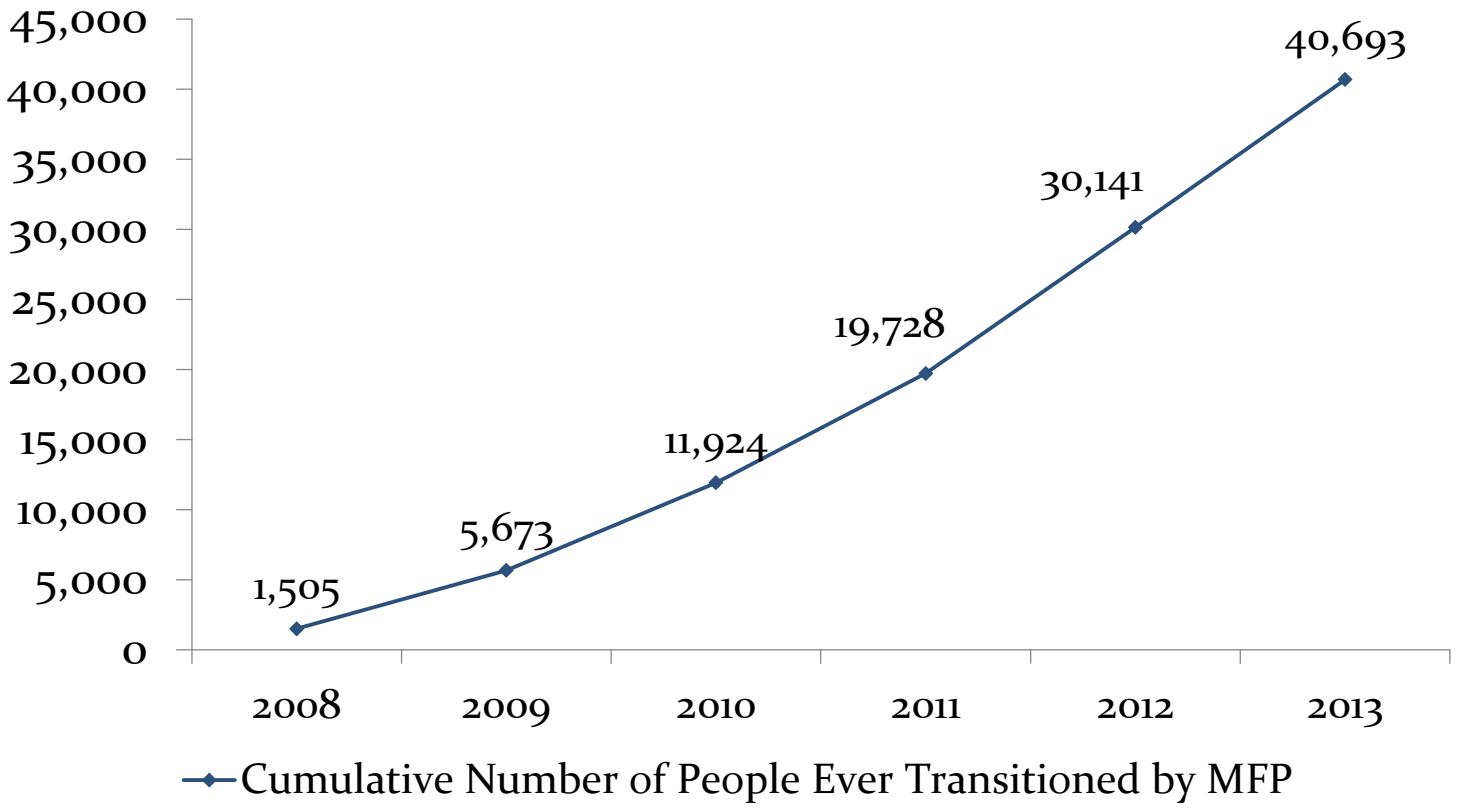
Work Remains

- States are making progress in increasing choice for people who need LTSS
- Some states face more work than other states
- At the national level, more work is needed for:
  - Older adults who are frail
  - People with physical disabilities
  - People with mental illness
- Some solutions will be found in
  - Diversion programs that prevent institutional stays
  - Transition programs that shorten institutional stays

Initial Cost Implications of the Money Follows the Person (MFP) Demonstration

The Number of People Transitioned by MFP Programs Has Shown Steady Growth

Cumulative Number of MFP Transitions, 2008 - 2013

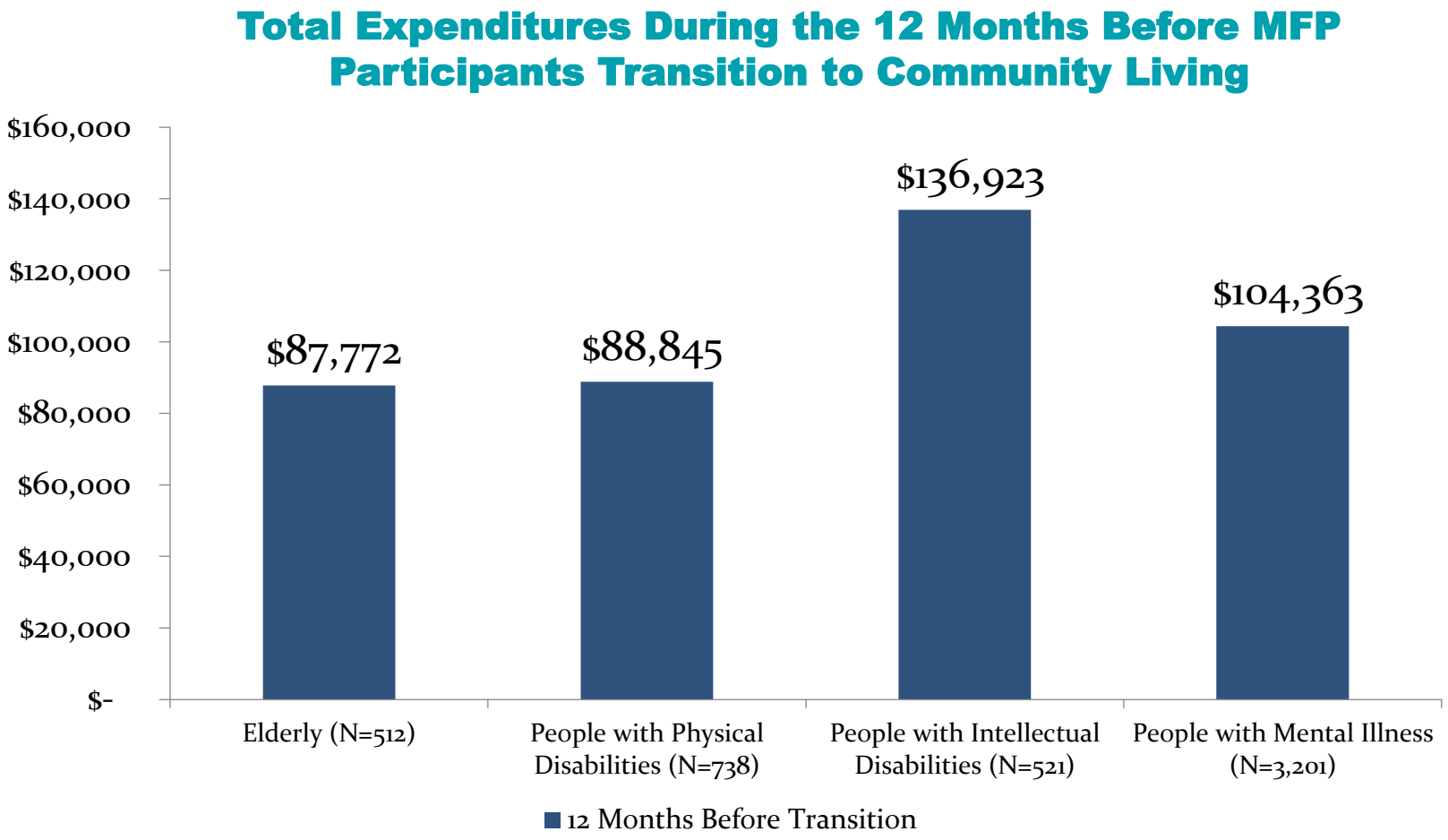


Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2008–2013.

How Do Costs Change When Someone Transitions from an Institution to the Community?

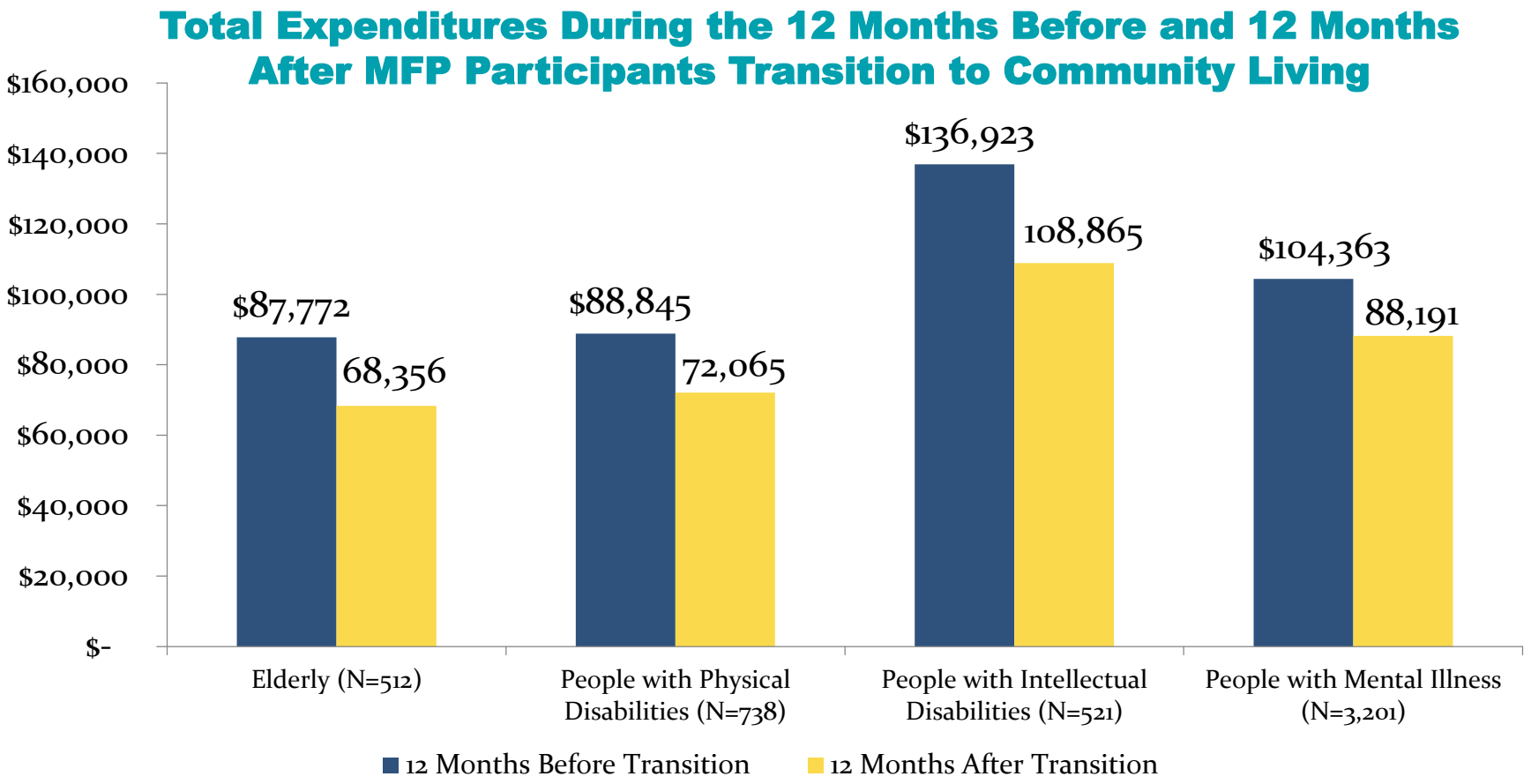
- When an MFP program transitions someone from institutional to community-based care
  - How do total expenditures change?
  - To what extent do LTSS expenditures decline?
  - How do medical care costs change?

Total Expenditures Before the Transition are High and Vary by Targeted Population



Source: Mathematica analysis of Medicaid and Medicare claims records for people who transitioned in 2008 through 2010.

Total Expenditures Decline After the Transition Across All Populations



Source: Mathematica analysis of Medicaid and Medicare claims records for people who transitioned in 2008 through 2010.

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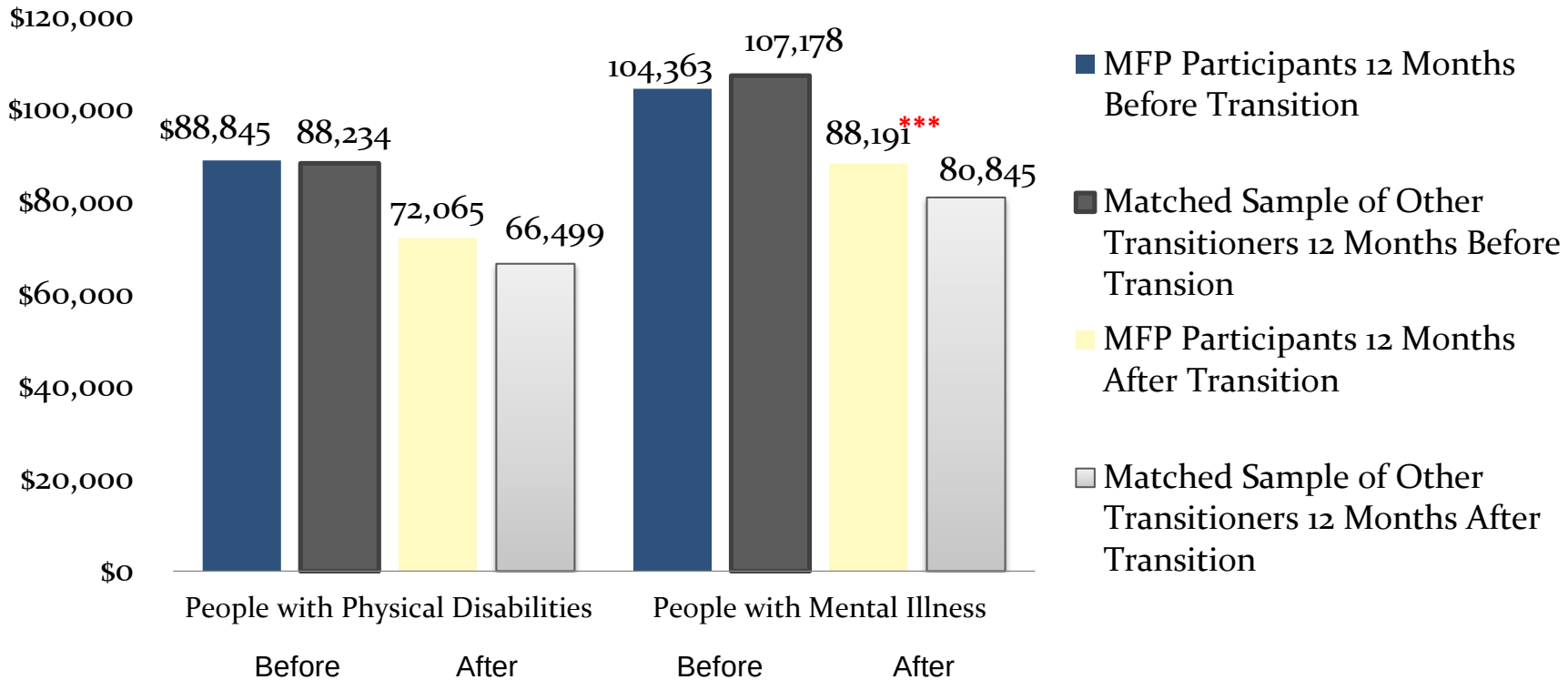
Putting the Change in Expenditures in Context

- How does the decline seen among MFP participants compare to what happens when someone transitions without the benefit of MFP?
- To what extent can the decline in expenditures be attributed to MFP?

Post Transition Total Expenditures Are Similar Between MFP Participants and Other Transitioners, With One Exception

Total Expenditures During the 12 Months Before and 12 Months After Transition to Community Living, MFP Participants and Other Transitioners



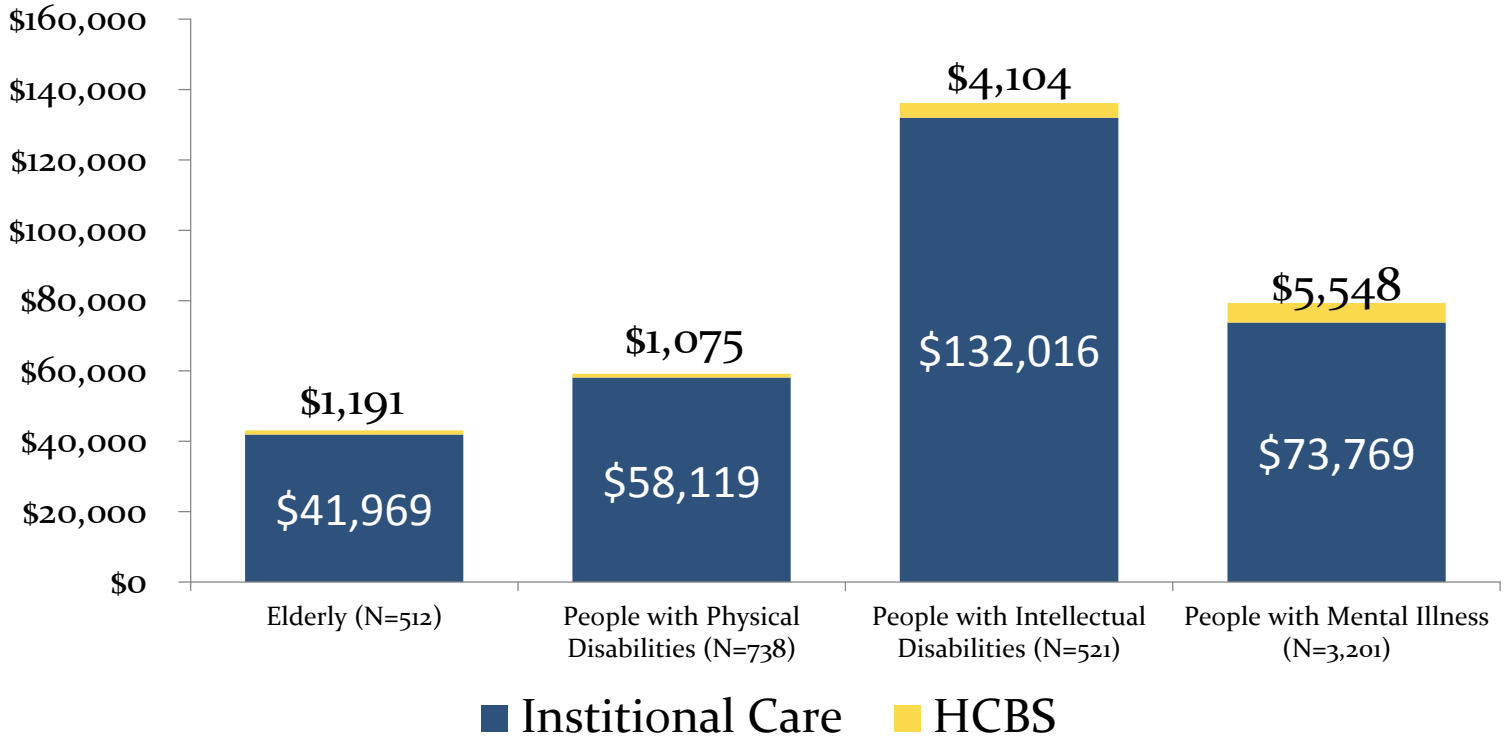
Source: Mathematica analysis of Medicaid and Medicare claims records for people who transitioned in 2008 through 2010. * Statistically significant difference between MFP participants and other transitioners at the p < 0.001 level.**

Does the Composition of Total Expenditures Change?

- Total expenditures include
  - LTSS expenditures for HCBS and institutional care
  - Medical care
- How does the composition of LTSS expenditures change after the transition from institutional care to HCBS?
- Do medical care expenditures increase after the transition from institutional care to HCBS?

Institutional Care Expenditures Dominate Before the Transition

Total LTSS Expenditures During the 12 Months Before MFP Participants Transition to Community Living



Source: Mathematica analysis of Medicaid and Medicare claims records for people who transitioned in 2008 through 2010.

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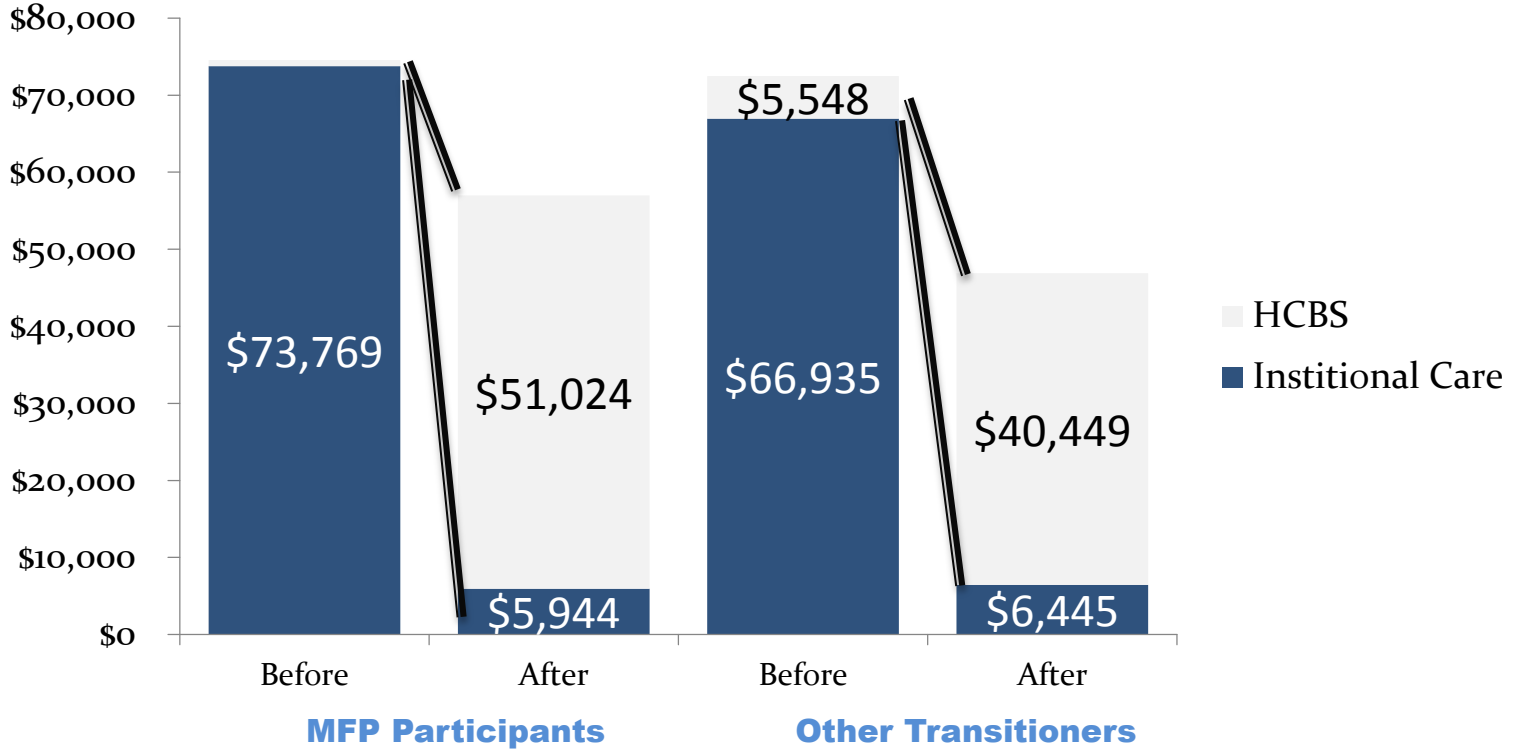
LTSS Expenditures Decline And the Mix Changes After the Transition

Total LTSS Expenditures During the 12 Months Before and 12 Months After Transition to Community Living, MFP Participants and Other Transitioners with Mental Illness



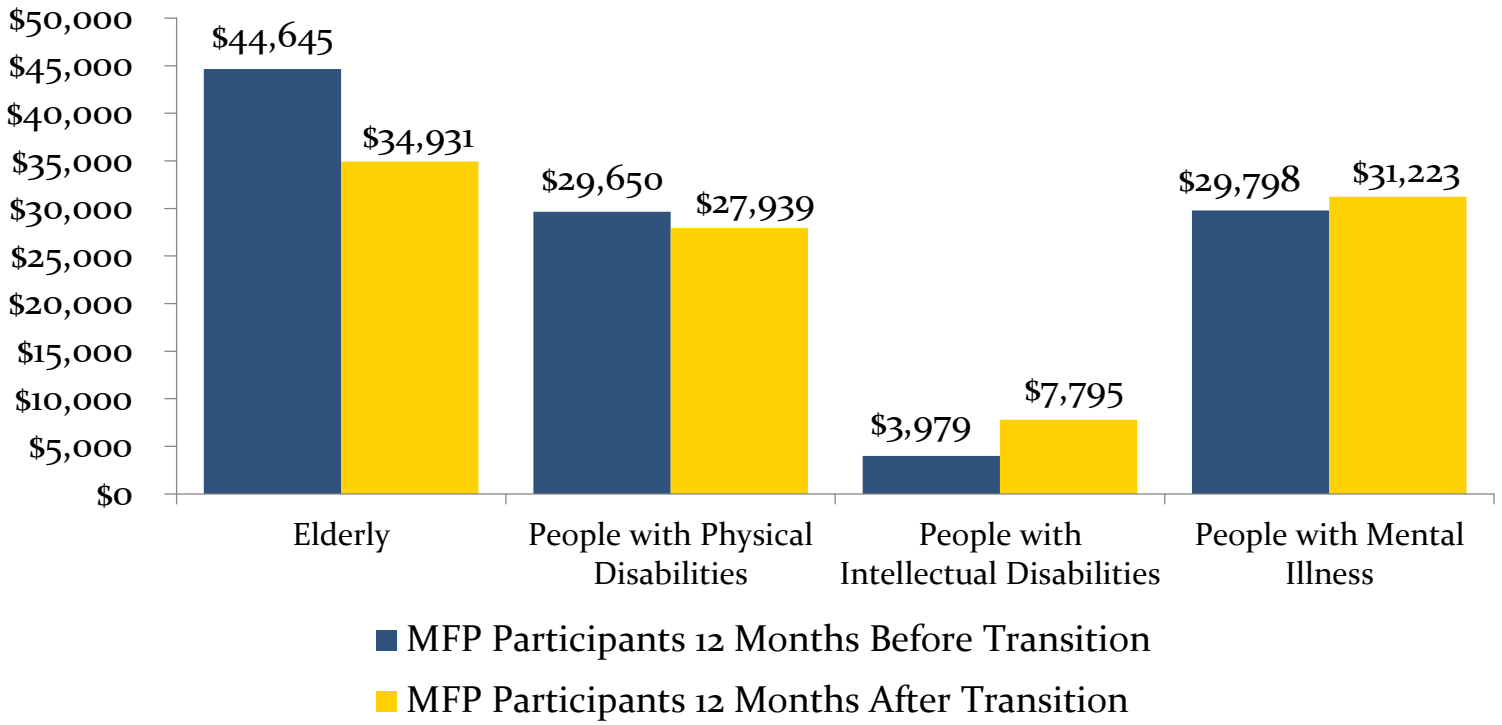
Source: Mathematica analysis of Medicaid and Medicare claims records for people who transitioned in 2008 through 2010.

Results For LTSS Expenditures are Consistent Across Targeted Populations

- After the transition to community living:
  - Total LTSS expenditures decline
  - Compared to other transitioners, MFP participants always have
    - Statistically significantly higher HCBS expenditures
    - Similar, but lower institutional care expenditures

The Change in Medical Care Expenditures Varies by Population

Medical Care Expenditures During the 12 Months Before and 12 Months After MFP Participants Transition to Community Living



Source: Mathematica analysis of Medicaid and Medicare claims records for people who transitioned in 2008 through 2010.

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Results For Medical Care Expenditures Vary Slightly Across Targeted Populations

- After the transition to community living:
  - Medical expenditures either remain the same or decline
  - Compared to other transitioners, MFP participants have
    - Statistically significantly lower medical care expenditures

- One exception is the population with intellectual disabilities
  - Medical expenditures increase after the transition
  - MFP participants and other transitioners have similar medical care expenditures after the transition

Summary of Results

- Total Medicaid and Medicare expenditures decline after someone in long-term institutional care transitions to the community.
- In most instances, the post-transition expenditures of MFP participants are the same as those of other similar people who transition without the benefit of the program
  - One exception is the population with mental illness, MFP participants in this group have higher total expenditures post transition

Summary of Results (continued)

- For everyone who transitions, expenditures for LTSS shift from institutional care to HCBS as expected
  - MFP participants have greater average HCBS expenditures compared to other similar transitioners, which reflects the additional services MFP programs provide
- MFP participants typically have lower post-transition Medicaid and Medicare medical care expenditures

Conclusions

- The higher HCBS expenditures of MFP participants are offset by the higher medical expenditures experienced by other transitioners
  - Except in the population with mental illness where the greater HCBS costs of MFP participants appear to drive their overall higher total expenditures during the 12 months after the transition.
- The evidence suggests that MFP programs may be effective at helping many participants void acute care episodes that could lead to a return to institutional care.
  - More research is needed

Caveats

- Only assessed expenditures during the first 12 months after the transition
  - Need to examine expenditures over a longer period of time, at least two years, to determine longer term implications
- Analyses did not include prescription medications

Innovations in Home- and Community-Based Services

Highlights from a Review of Services Available to MFP Participants

Presentation at the HCBS Pre-Conference Money Follows the Person Intensive

Arlington, VA

September 15, 2014

Victoria Peebles• Matt Kehn

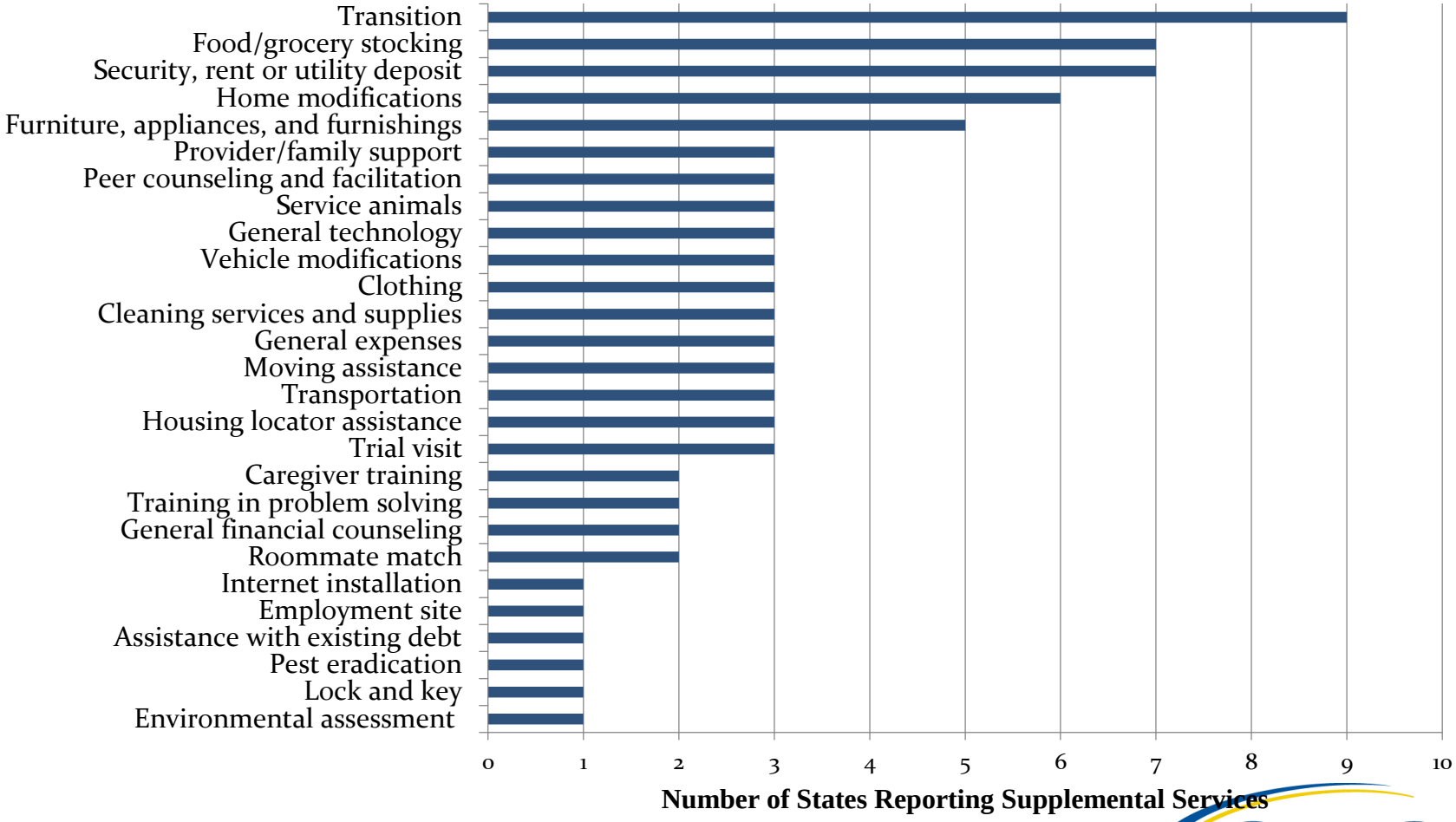
Agenda

- Background
- Study
  - Data and Methods
  - Findings
- Conclusions

Background

- MFP demonstration, provides additional funds to assist individuals residing in institutions move back to the community, and helps states expand the availability of HCBS.
  - Federally enhanced matching rate for all HCBS used during participants' first 365 days of community living
  - Administrative funds available to grantee states, allows the demonstration to operate as a valuable mechanism for testing new and innovative HCBS.
- Three categories of MFP services
  - Qualified
  - Demonstration
  - Supplemental

Supplemental Services



Data and Methods

- Reviewed MFP grantee state operational protocols
  - Validated services using claims data
- Held a focus group with Mathematica state liaisons
- Contacted state staff to discuss services
- Consulted other publicly available reports
- Highlighted services pre-transition, post- transition, housing supports, and ongoing community supports

Findings

Featured States and Services

State	Category of service	Service name	Target population served
Georgia	Pre-transition	Personal care service trial	All MFP participants - includes older adults and people with physical or intellectual disabilities
	Ongoing supports	Community ombudsmen	MFP participants in select counties in the state
Mississippi	Post-transition	Transitional crisis support	All MFP participants – including older adults and people with physical or intellectual disabilities or mental illness
Nebraska	Ongoing supports	Team behavioral consultation staff	Children and adults covered under the developmental disabilities waiver
Ohio	Pre-transition	Behavioral health transition coordinators	Individuals with behavioral health needs
	Post-transition	Social work/ counseling	All MFP participants – including older adults and people with physical or intellectual disabilities or mental illness
Washington	Pre-transition	Consumer guides for high-need individuals	High need individuals, as determined by the transition specialist
	Pre-transition	Transitional mental health services	All MFP participants with an identified need
	Ongoing supports	Community bed holds	Individuals living in adult family homes or assisted living facilities
Wisconsin	Housing	Housing counseling	Participants who qualify for select waivers

- Source: Review of MFP operational protocols as of June 2014.

Featured States and Services

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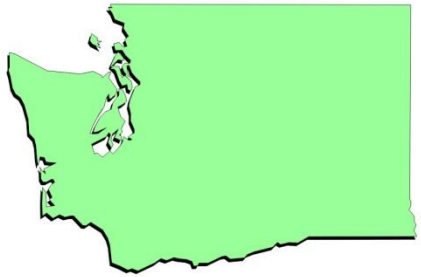
Wisconsin	Housing	Housing counseling	Participants who qualify for select waivers

- Source: Review of MFP operational protocols as of June 2014.

Pre-Transition

Personal care service trial	
Washington	Demonstration service
Target population: High need individuals, as determined by the transition specialist	
• New positions created to assist transition coordination staff when a participant has above average-needs • Improves overall efficiency as transition coordinators now focus on the more technical aspects of the transition	
In 2013: • 974 individuals used this service • Over $1,200,000 in related expenditures	



Pre-Transition

Personal care service trial	
Georgia	Supplemental service
Target population: All MFP participants - includes older adults and people with physical or intellectual disabilities	
• Trial run for MFP participants to gain confidence to live in the community • Allows personal care home owners to feel more comfortable with the care needs of a participant • Also used to fill temporary gaps in service	
Since 2009: • Trial visits to community residences or personal support trials were accessed by participants 239 times (one individual may access the service several times) • Total cost of $106,391	

Pre-Transition

Behavioral Health Transition Coordinators	
Ohio	Supplemental service
Target population: Individuals with behavioral health needs	
• Behavioral health specialists trained to serve as transition coordinators • Aims to ensure continuity of care and increase the likelihood that participants will remain connected to the behavioral health community after their transition	
Utilization and expenditure data not available.	

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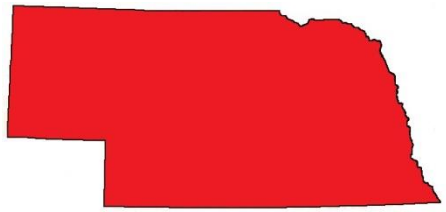
Post-Transition

Transitional crisis support	
Mississippi	Demonstration service
Target population: All MFP participants – including older adults and people with physical or intellectual disabilities or mental illness	
• In-person crisis supports and services are available around-the-clock to individuals in the transition • Crisis response staff meets with the individual and any other service or housing provider	
Since Mississippi began transitioning participants in 2012: • 12 participants have used transitional crisis support services (about 8 percent of the state's total number of MFP transitions) • Over $5,000 in related expenditures.	

Ongoing Community Supports

Team behavioral consultation	
Nebraska	Qualified service
Target population: Children and adults covered under the Developmental Disabilities Waiver	
• Highly specialized teams with behavioral and psychological expertise • On-site consultation when individuals with intellectual disabilities experience difficulties in their residential or work setting that arise from problematic behavior.	
Since the start of Nebraska's MFP demonstration: • 12 participants have used the service (about 4 percent of all of Nebraska's transitions) • Expenditures were not available	



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Ongoing Community Supports

Community ombudsman program	
Georgia	Supplemental service
Target population: All MFP participants - includes older adults and people with physical or intellectual disabilities	
• Specially trained representatives assist participants with advocacy strategies and empower MFP participants to raise and resolve complaints related to their community-based services and supports	
In 2012: • Participants accessed the service 306 times (one individual may access the service several times) • 39,440 in related expenditures	

Conclusions

- Rather than developing ongoing community support services, states appear to focus much of their experimentation on pre-transition and short-term supports.
- States are taking a variety of innovative approaches to expand capacity among transition coordinators
- States are investing in a range of services that help individuals with needs that may arise shortly after discharge

Acknowledgements

- **Mathematica**
  - **Matt Kehn**
  - **Alex Bohl**
  - **Carol V. Irvin**

- **State MFP project directors and their staff**

- **Centers for Medicare & Medicaid Services MFP staff**
  - **Effie George and Mike Smith**

For More Information

- Reports available at
  - http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Balancing/Money-Follows-the-Person.html
  - http://www.mathematica-mpr.com/our-publications-and-findings/projects/research-and-evaluation-of-the-money-follows-the-person-mfp-demonstration-grants
- Contact
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  - Victoria Peebles
    - vpeebles@mathematica-mpr.com

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Balancing Incentive Program

State of the States

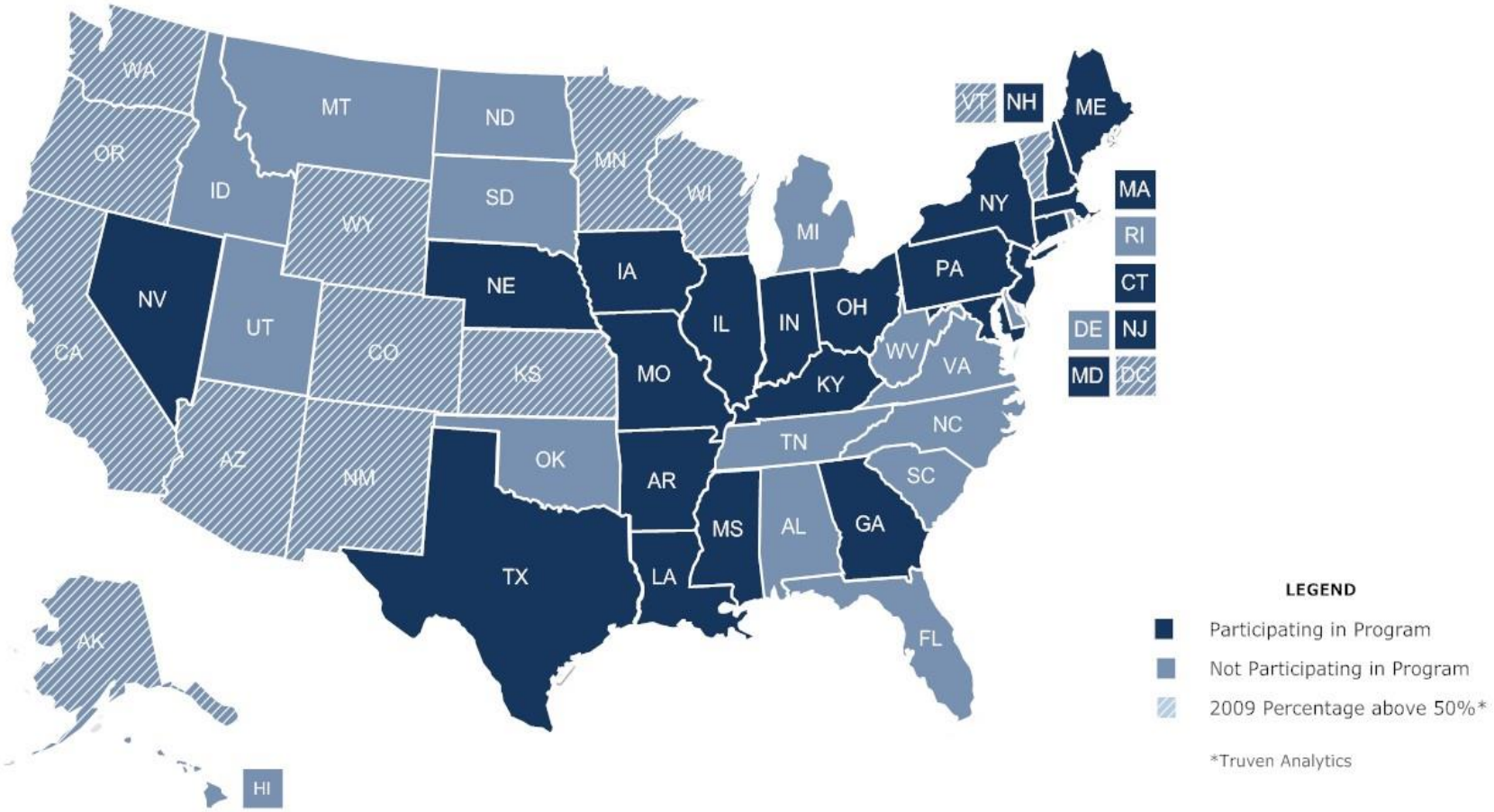
www.balancingincentiveprogram.org

Program Overview

- Section 10202 of the Affordable Care Act
- Provides incentives for states to increase percent of Medicaid LTSS spending on community-based care
- Focus on states with less balanced systems

% of total Medicaid LTSS on community LTSS	Percent increase in FMAP on community LTSS
<50%	+2% FMAP
<25%	+5% FMAP

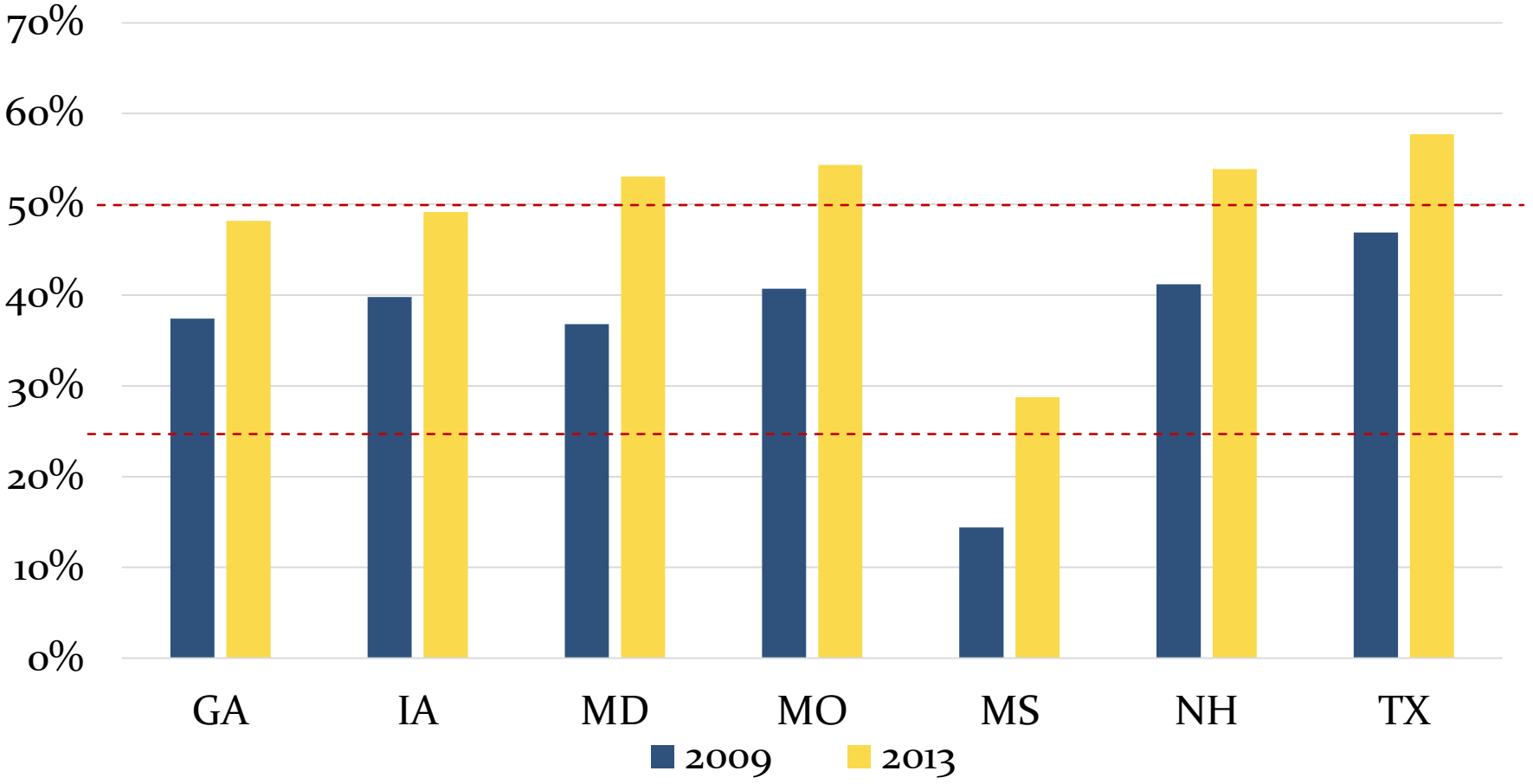
21 Participating States



Program Requirements

- Meet the 50% or 25% benchmark
- Spend Program funds for the enhancement/expansion of community LTSS
- Implement three structural changes
  - No Wrong Door (NWD) system
  - Core Standardized Assessment
  - Conflict-Free Case Management
- Collect service, quality, and outcomes data

Percent of Total LTSS Spent on Community LTSS, 2009 and 2013, States that Participated in the Program during the Entire CY 2013



Use of Program Funds

- $3 billion of total funding
- $2.2 billion awarded to states
- States must spend the funds by September 30, 2015

Use of Enhanced FMAP

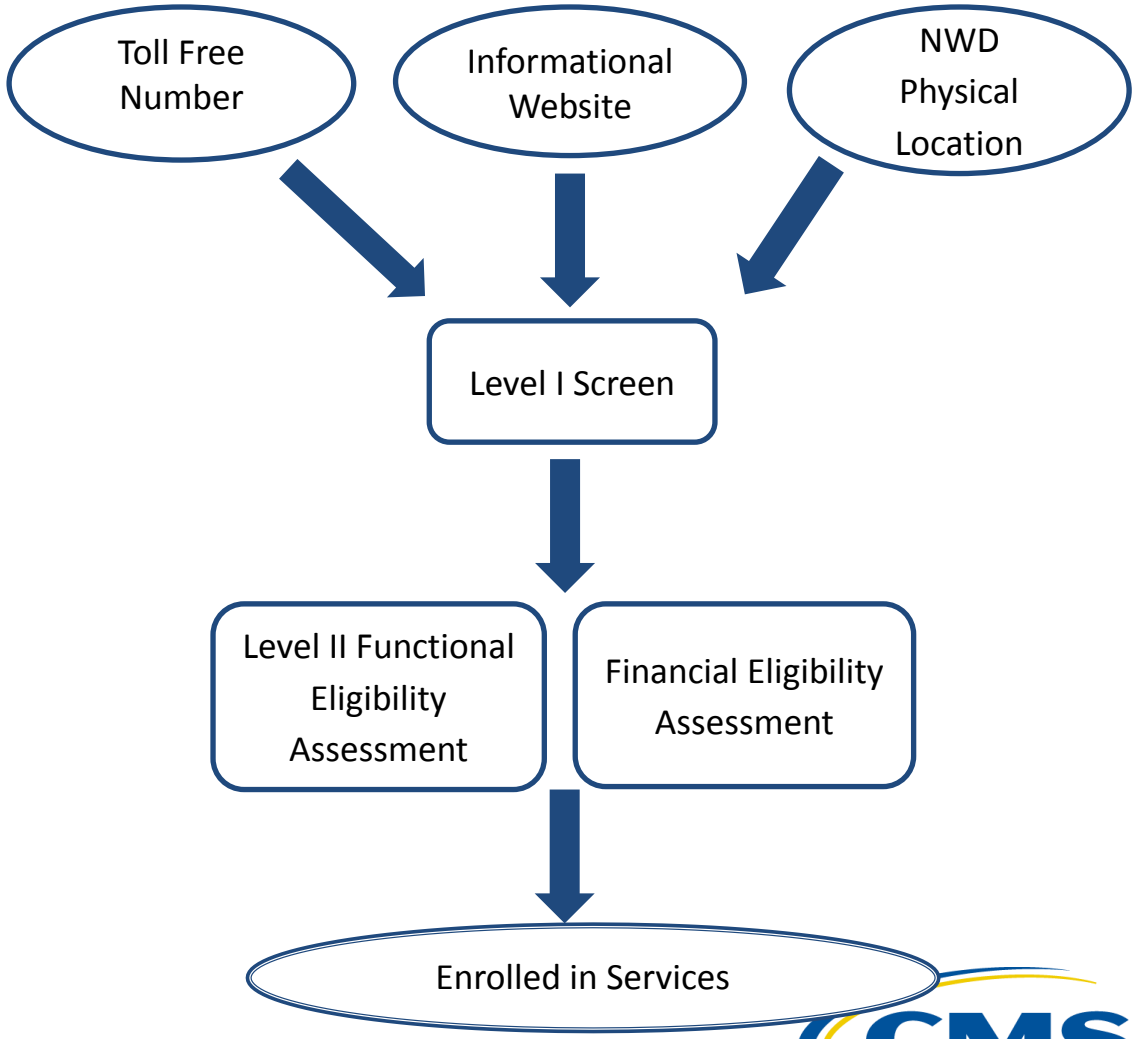
- Support structural changes
- Expand community LTSS
  - Additional waiver slots
  - 1915(i) services for mental health population
  - Support for Community First Choice
- Support community transitions
- Provide crisis reduction for mental health population
- Increase provider rates
- Provide innovation grants

State Highlights

- New York awarded almost $50 million in 54 grants to improve access to community LTSS
  - Family caregiving training and support
  - Environmental modifications
  - Peer/crisis support
- Louisiana is adding 2,083 waiver slots and treating over 6,000 children with behavioral health needs
- Maryland purchased laptops and tablets for the implementation of automated in-person functional assessments

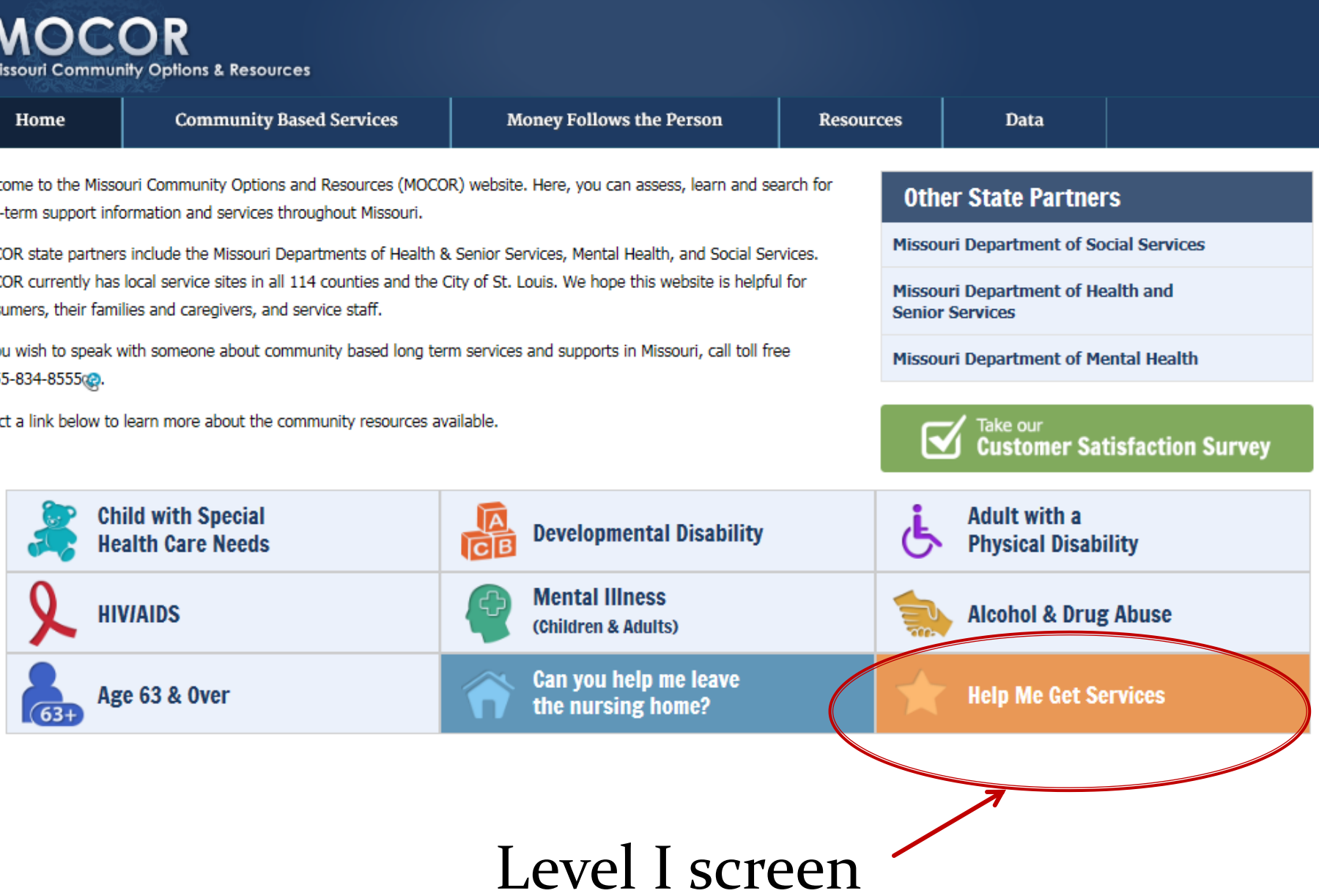
No Wrong Door System

- ✓ Streamlined
- ✓ Coordinated
- ✓ Standardized



State Highlights: Missouri

- Missouri Community Options and Resources (MOCOR)
- New toll free number and website with automated Level I screen
- Based on responses, individuals are routed to the appropriate agency for follow up



Level I screen

No Wrong Door Innovations

- Integrating the Level I screen into the Medicaid/Health Insurance Exchange enrollment portal (TX, CT, KY)
- Building IT systems that:
  - Capture Level I screen and Level II assessment data
  - Facilitate case management
  - Support plans of care of resource allocation

Core Standardized Assessment

- Two-level assessment process (Level I screen and Level II functional assessment)
- Standardized process for a given population
- Assessments capture required domains and topics

Assessment Instruments Used

State Highlights

- Connecticut: Adopted a new tool that meets requirements
- Texas: Added topics to current instruments
- Illinois: Developing its own instrument – standard for all populations
- Kentucky: Piloting the CARE tool as part of the TEFT grant

Conflict-Free Case Management Definition

- Individuals performing clinical evaluations and plans of care do not have a financial interest in the service delivery for the individual
- A provider of services should not:
  - Determine clinical eligibility
  - Develop plans of care
  - Conduct case management

Strategies to Mitigate Conflict

- Audit of assessments
- Data-driven assessments
- Administrative firewalls
- Beneficiary complaint system
- State oversight

State Highlights

- Louisiana: Audits assessment findings to ensure assessors are independent and individuals are truly eligible for services
- News Hampshire and Georgia: Do not allow agencies to case manage their own clients
- New Jersey: Direct access to LTSS managed care organization functional assessment findings
- Mississippi: Requiring case management agencies to no longer provide community LTSS
- Iowa and Maine: Using independent agencies to conduct all functional assessments

HCBS Attributes

Group Discussions

Setting the Stage for Group Discussions

CMS Vision: a high quality health care system that ensures better care, access to coverage, and improved health

Source: ***CMS Strategy The Road Forward***
http://www.cms.gov/About-CMS/Agency-Information/CMS-Strategy/Downloads/CMS-Strategy.pdf

Setting the Stage for Group Discussions

- You will have the opportunity to participate in 10 short discussions
- The number you have been assigned is your starting point
- Each "session" will last 7 minutes, with 3 minutes between sessions to change tables

Setting the Stage for Group Discussions

- Grantees in this room
- Stakeholders and other participants move next door

Questions to Run On

- Is the definition clear? Should anything be added?
- What sub elements should be considered within this topic?
- What links or overlaps do you see between this topic and the others?
- Are there any TA needs that come to mind related to this topic?
- Who needs to be involved in developing solutions for this topic?

Group Discussions

Key notes/observations

Wrap Up/Next Steps

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES