

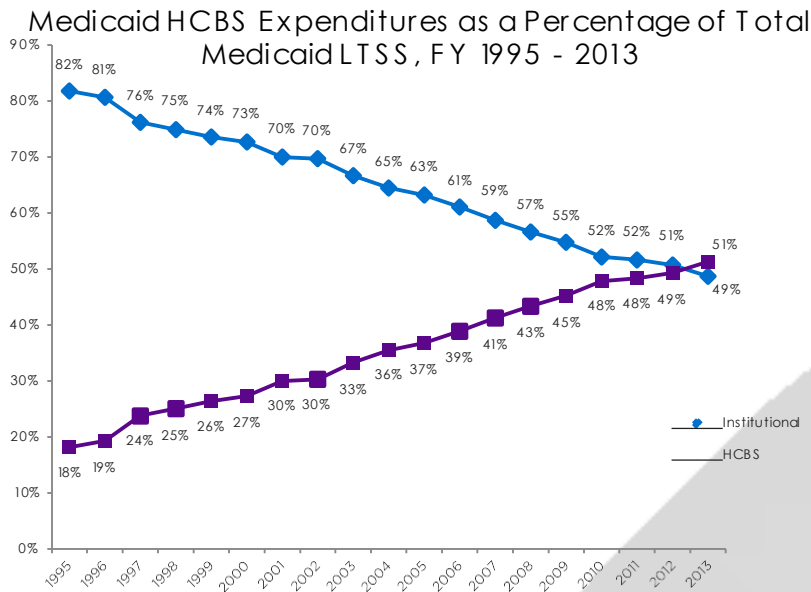
# HCBS Conference Intensive MFP Rebalancing Demonstration - Building Partnerships and Innovation for Community Living

August 31, 2015

# Goals and Objectives

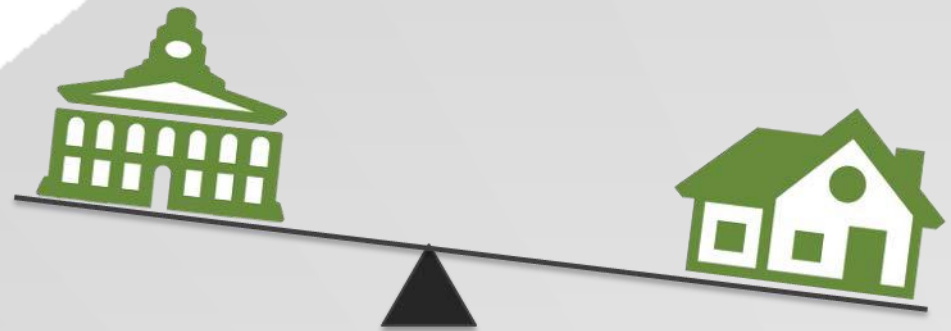
- To share information amongst the states and with CMS.
- To identify and share innovations and lessons learned related to the topics of the day.
- To identify areas requiring additional technical assistance/discussion.

# Home and Community-based Services were a Majority of LTSS Spending



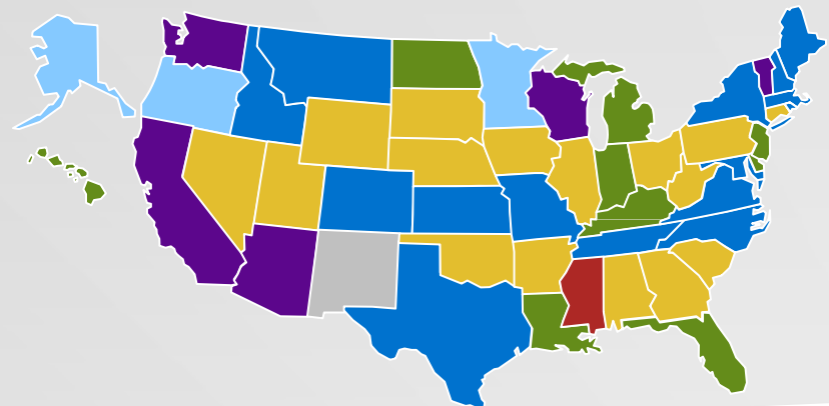
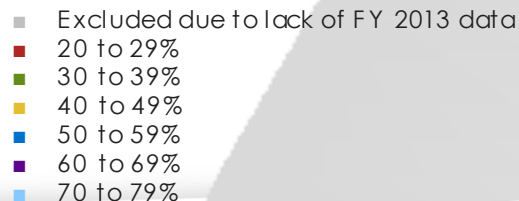
## The Scales are Tipping Towards Community-based services

Medicaid provides both institutional and community-based long-term care. Historically many states spent more on institutional-based care than community-based services, but the balance is changing. In 2013, spending on community-based services and supports comprised over 50 percent of all spending on long term services and supports.



## Medicaid HCBS Expenditures as a Percent of Total Medicaid LTSS by State

Medicaid plays an important role in states' efforts to achieve compliance with the ADA and the Olmstead decision, by providing services that help individuals transition from institutional to community settings and maintain their community living status.



# Topics for the Day

- National Evaluation Update
- Sustainability Plan Implementation
- Innovative Housing Strategies
- Quality of Care in HCB Settings
- Data Driven Program Decisions
- No Wrong Door Strategies
- Person-Centered Services and Supports

# Today's Agenda

| Topic  | Time             |
|--|------------------|
| Welcome  | 9:30 – 10:00 am  |
| MFP National Evaluation Update                 | 10:00 – 10:45 am |
| Successfully Implementing Sustainability Plans | 10:45 – 11:45 am |
| Dismissal for Lunch                            | 11:45 – 12:00 pm |
| Lunch On Your Own                              | 12:00 – 1:15 pm  |
| CMS/TA Round Tables                            | 1:15 – 2:15 pm   |
| Topic Discussions                              | 2:15 – 4:30 pm   |
| Wrap-Up  | 4:30 – 5:00 pm   |

# Housekeeping

- Restrooms
- Breaks
- Staying on Schedule
- Parking Lot/Note Cards

# **Recent Results from the National Evaluation of the Money Follows the Person Rebalancing Demonstration**

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**Presentation at the 2015 HCBS Conference  
Washington, DC**

**August 31, 2015**

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Carol Irvin

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# Acknowledgements

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- The following research work was funded as part of the national evaluation of the Money Follows the Person (MFP) rebalancing demonstration grant program.
- Centers for Medicare & Medicaid Services contract HHSM-500-2010-00026I/HHSM-500-T0010.



# Roadmap

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- **2013 LTSS Expenditures report by Truven Health Analytics**
- **MFP Chartbook for 2014**
- **Money Follows the Person and managed long-term services and supports**
- **CMS Research Summit Report**
- **Forthcoming reports**

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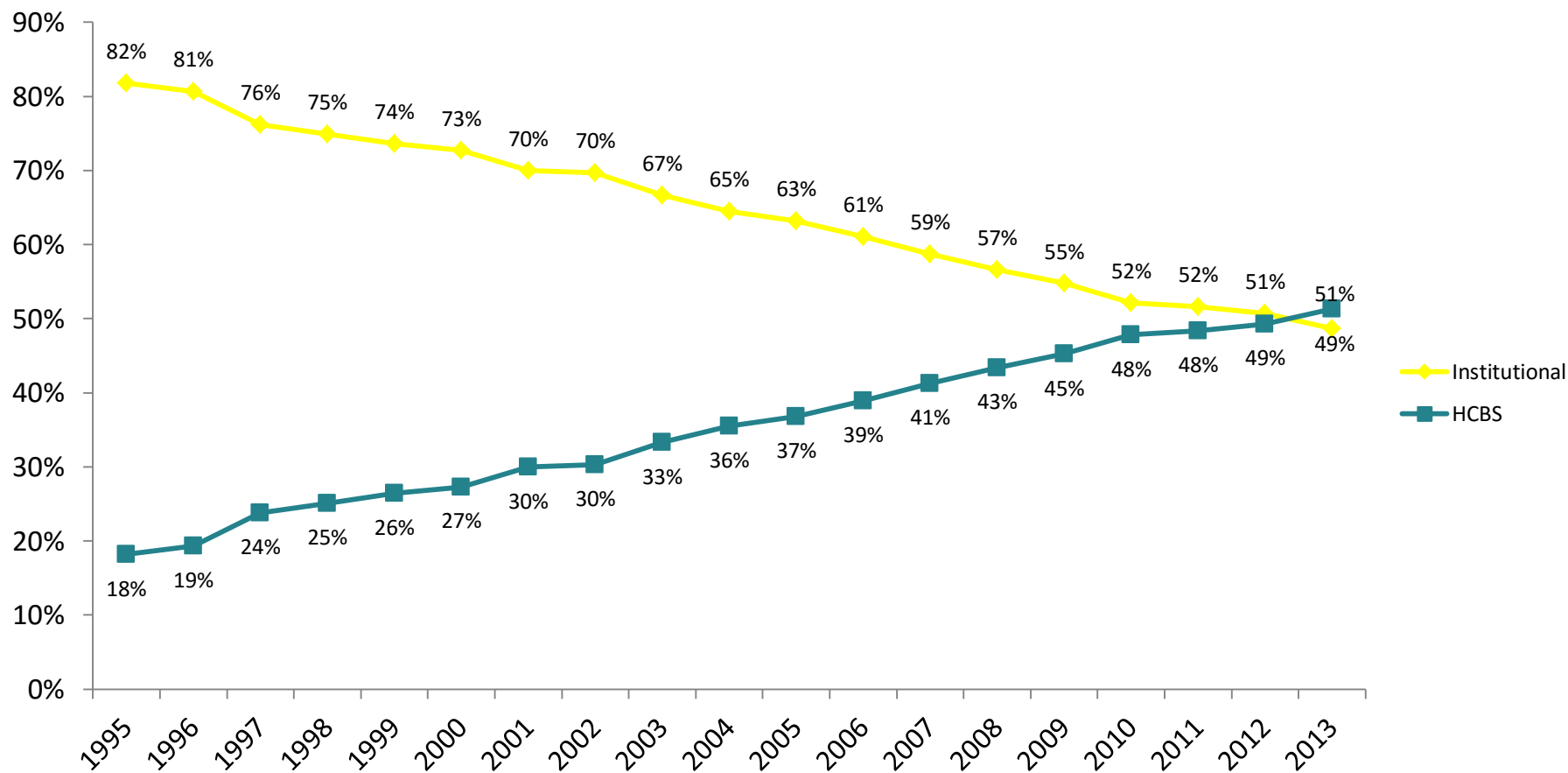
# **2013 LTSS Expenditures Report**

# National Trends in Medicaid LTSS Expenditures

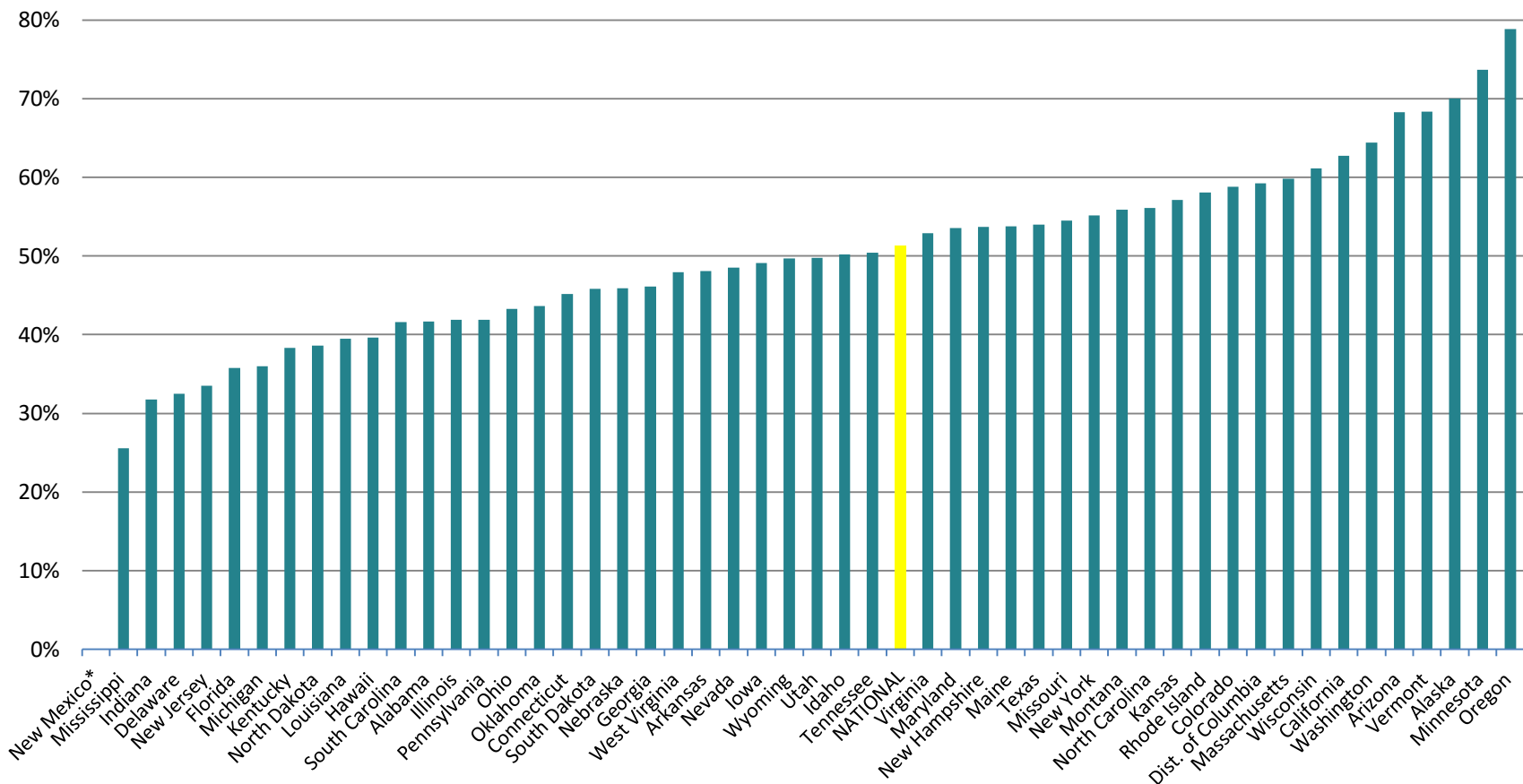
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- **Truven Health Analytics tracks annual Medicaid LTSS Expenditures**
  - Data from 1995 to 2013
  - State-level aggregate data reports
    - CMS 64 data
  - **Supplemented with data obtained from**
    - states on managed long-term services and supports
    - Mathematica on MFP expenditures
- **Report both national and state-level data**

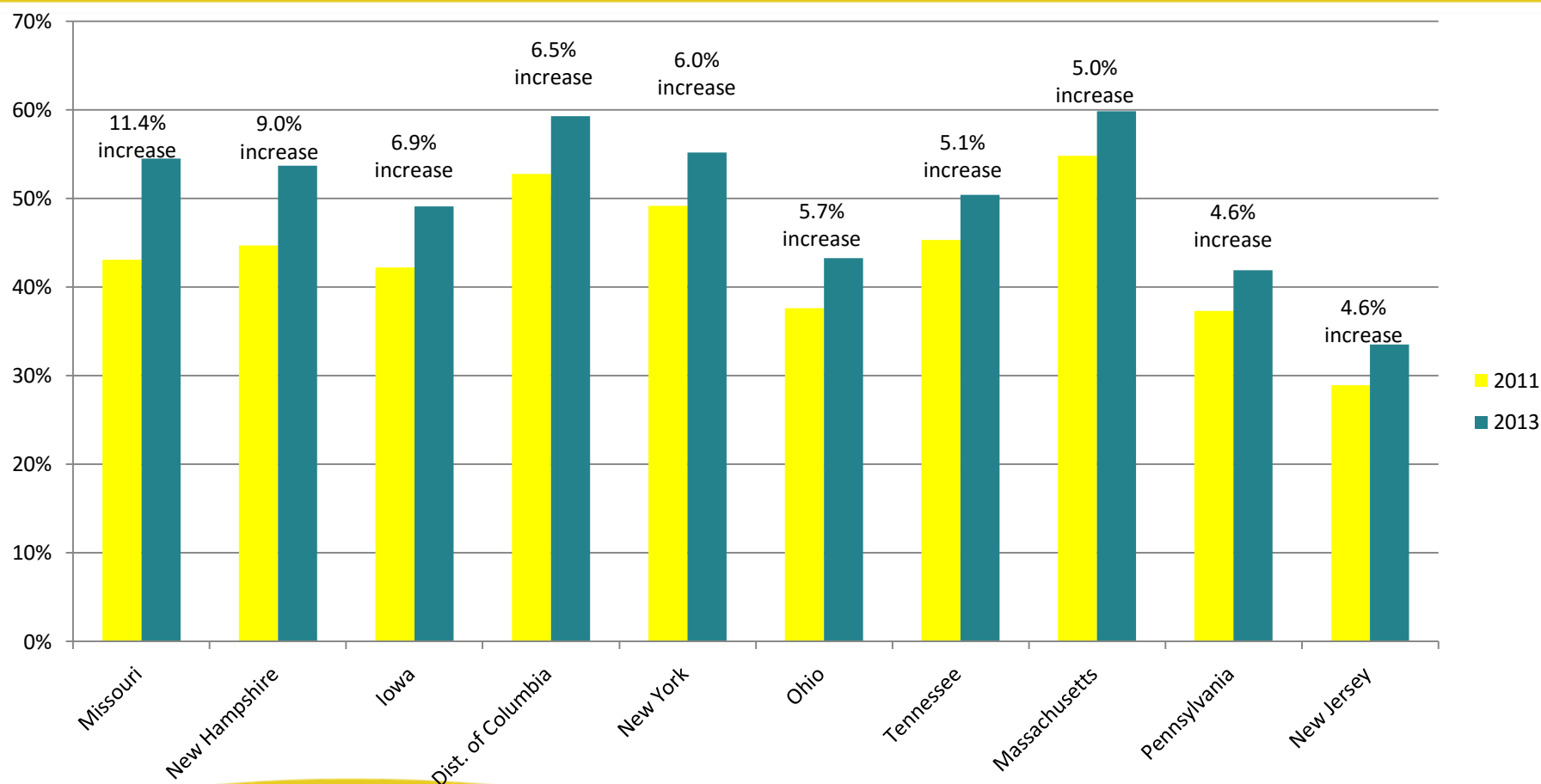
# Institutional and Home and Community-Based Services (HCBS) as a Percentage of Long-Term Services and Supports (LTSS), FFY 1995-2013



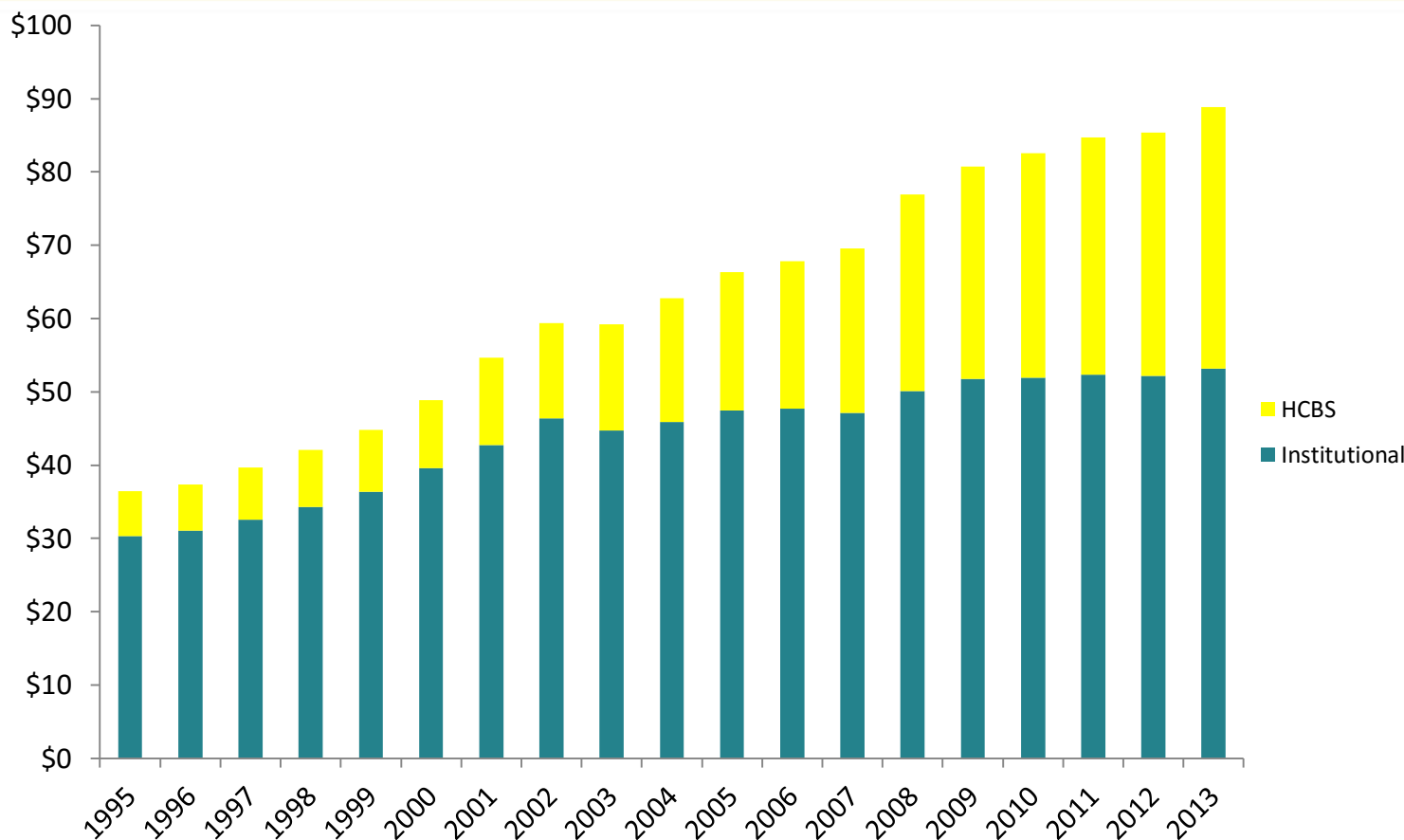
# HCBS as a Percentage of LTSS by State, FFY 2013



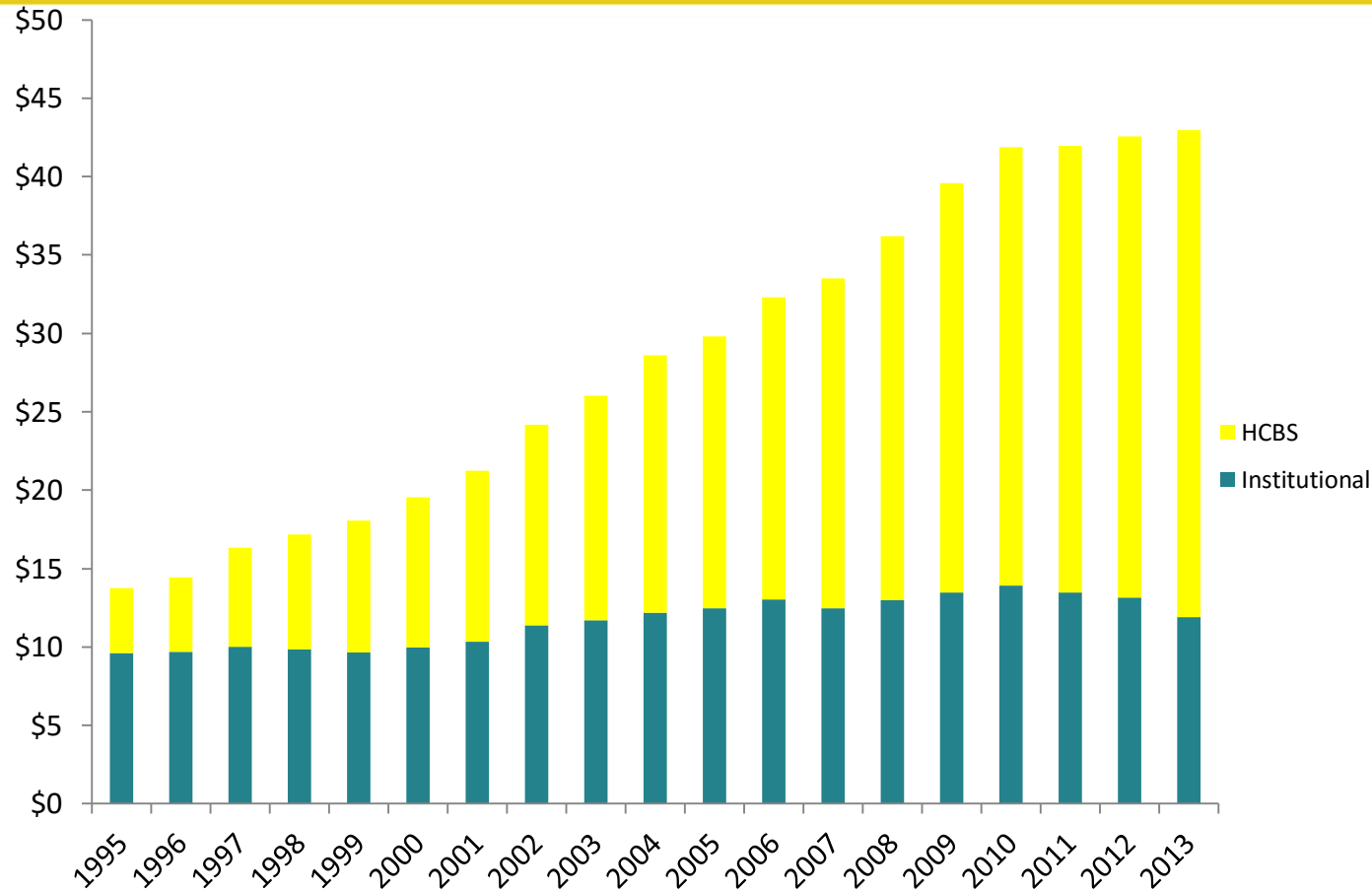
# Ten States with the Greatest Increase in HCBS Expenditures as a Percentage of LTSS, FFY 2011-2013



# LTSS Spending Targeted to Older People and People with Physical Disabilities, FFY 1995-2013

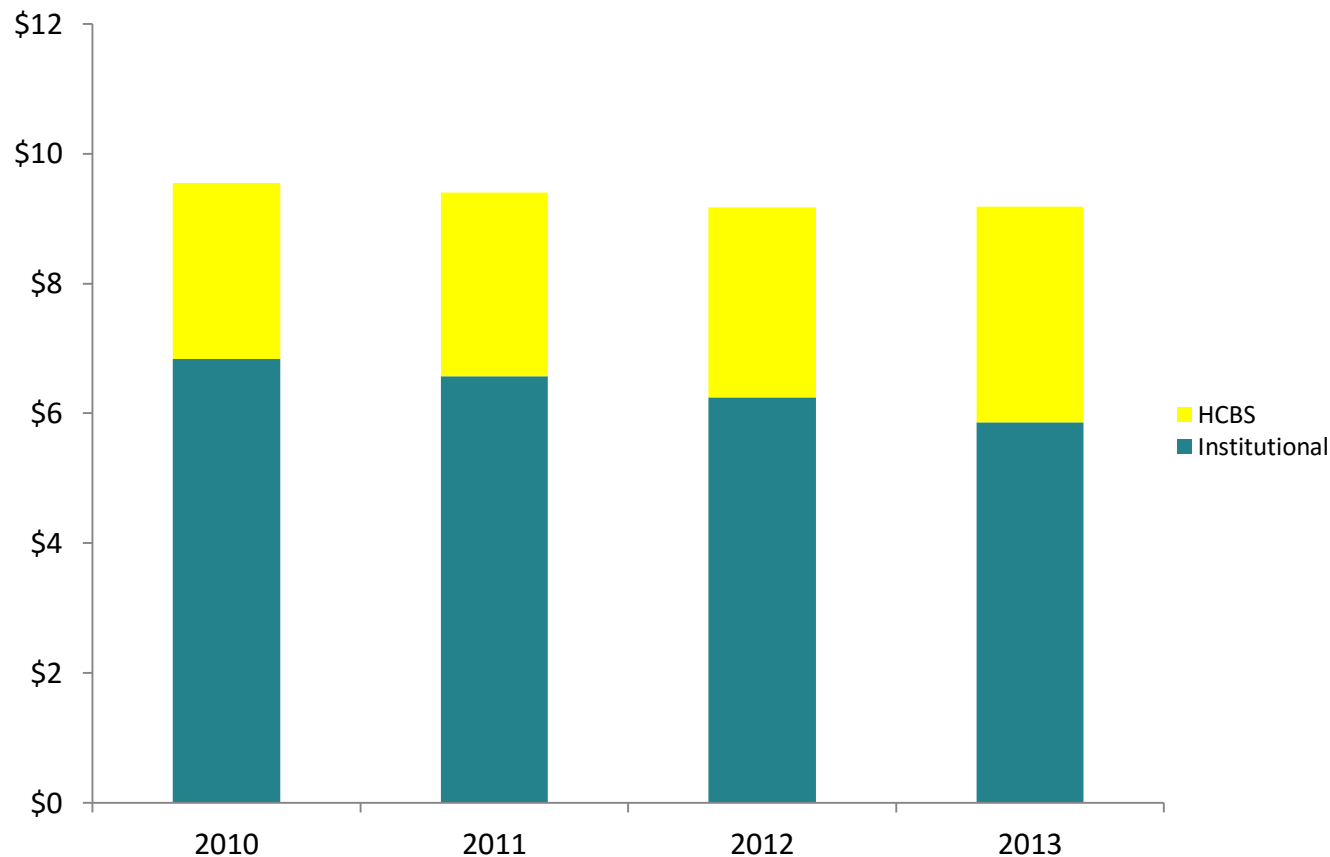


# LTSS Spending Targeted to People with Developmental Disabilities, FY 1995-2013

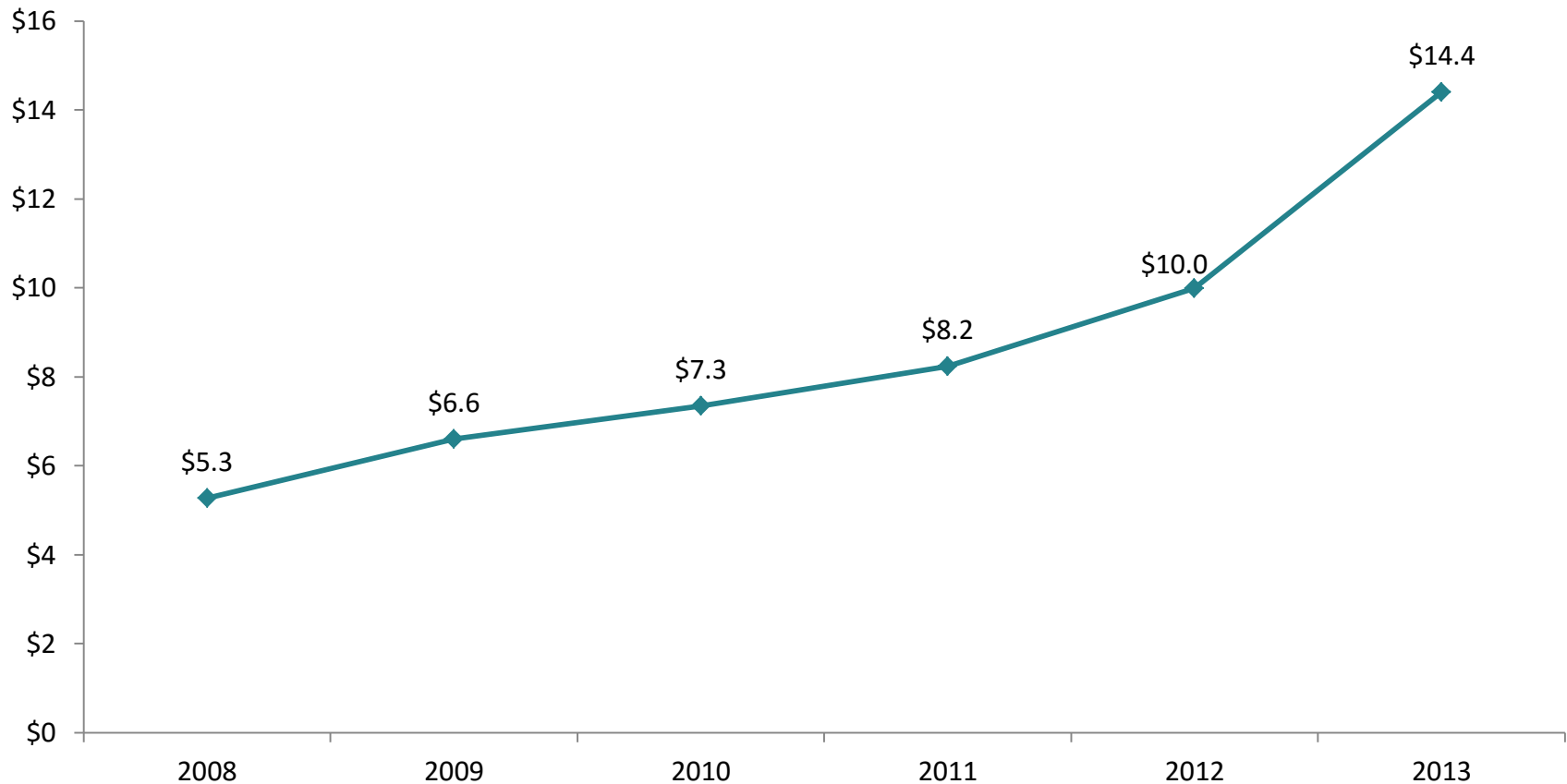




# LTSS Expenditures Targeted to People with Serious Mental Illness or Serious Emotional Disturbance, FY 2010-2013



# Medicaid Managed LTSS Expenditures, FY 2008-2013



# Source

*Medicaid Expenditures for Long Term Services and Supports in 2013: Home and Community-Based Services were a Majority of LTSS Spending*

Prepared for CMS by Truven Health Analytics, June 2015

<http://www.Medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Long-Term-Services-and-Supports.html>

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# 2014 MFP Chartbook

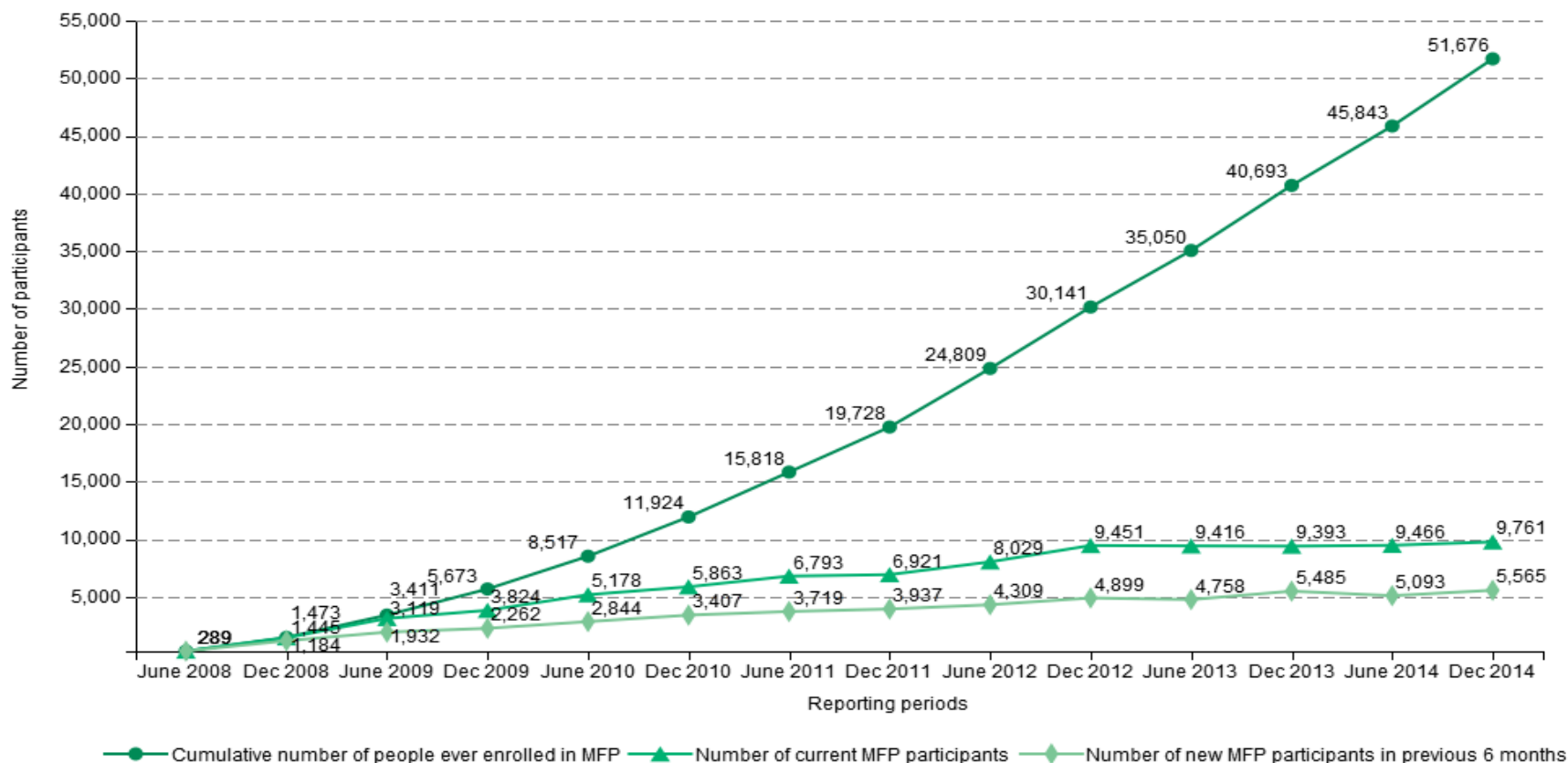
# Progress as of the End of 2014

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- Annual assessment of progress
- Synthesis of the information reported by state grantees in their semiannual progress reports
- National overview and level of state variation
  - State-by-state data tables included

# Nearly 52,000 Transitions by the End of 2014

## MFP Transitions and Current MFP Participants, June 2008 to December 2014



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2008-2014.

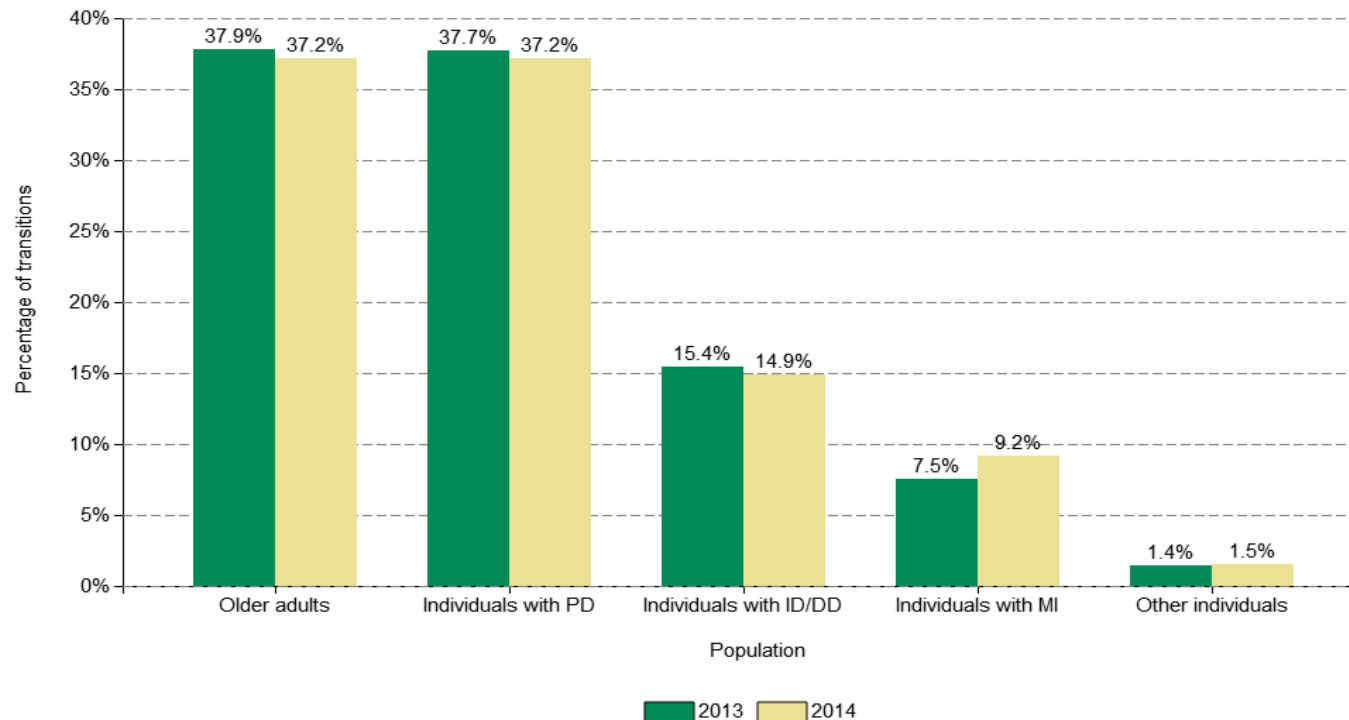
# Transitions are not Evenly Distributed Across States

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- **Newer grantees tend to be smaller programs**
- **Several programs are relatively large**
  - 17 states had each transitioned at least 1,000 individuals
  - 8 states had each transitioned at least 2,000 individuals
  - 3 states had each transitioned more than 4,000 individuals
    - Washington at 4,605
    - Ohio at 5,803
    - Texas at 9,289

# Transitions from Nursing Homes Most Common

## Distribution of MFP Participants by Population Subgroups, 2013 and 2014

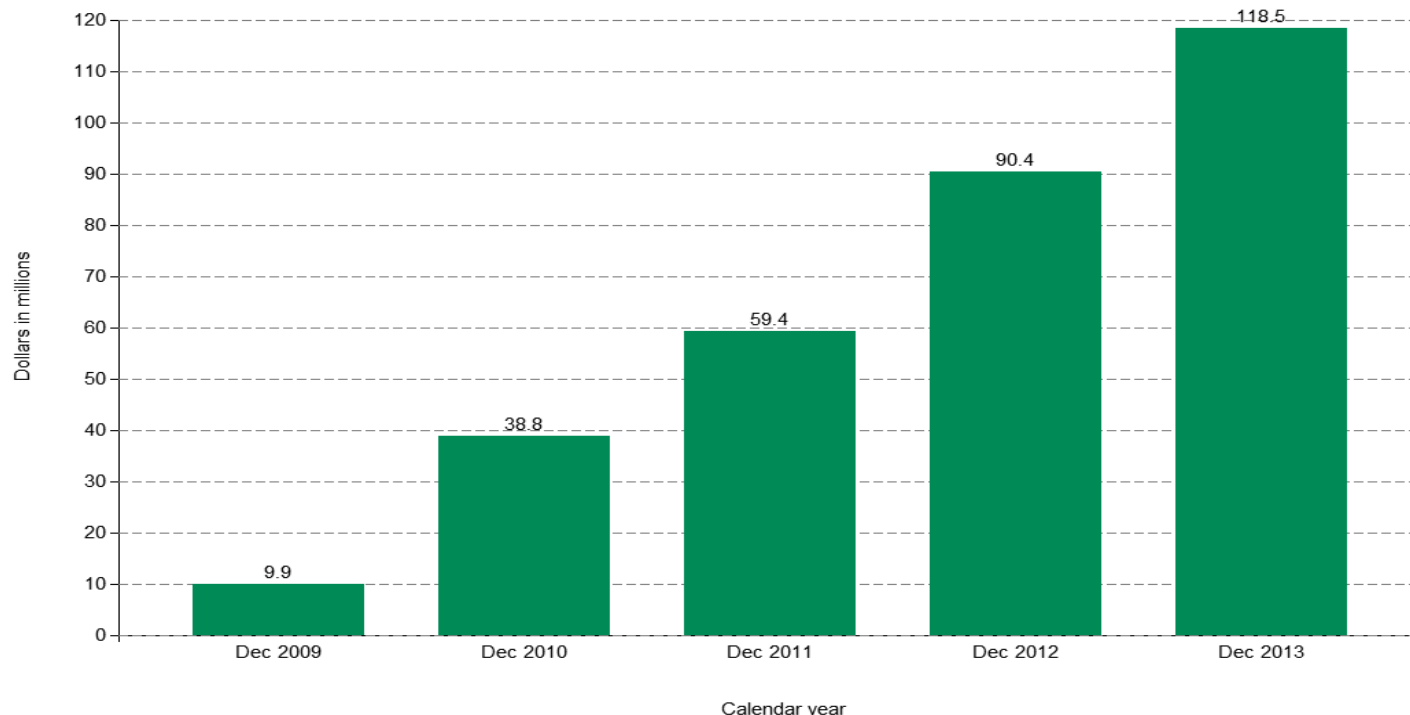


Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, July to December 2014.  
N = 45; ID/DD = intellectual or developmental disabilities; MI = mental illness; PD = physical disabilities.



# MFP Rebalancing Fund Expenditures Continue to Grow

## Cumulative Expenditures of State Rebalancing Funds, December 2009 to December 2013

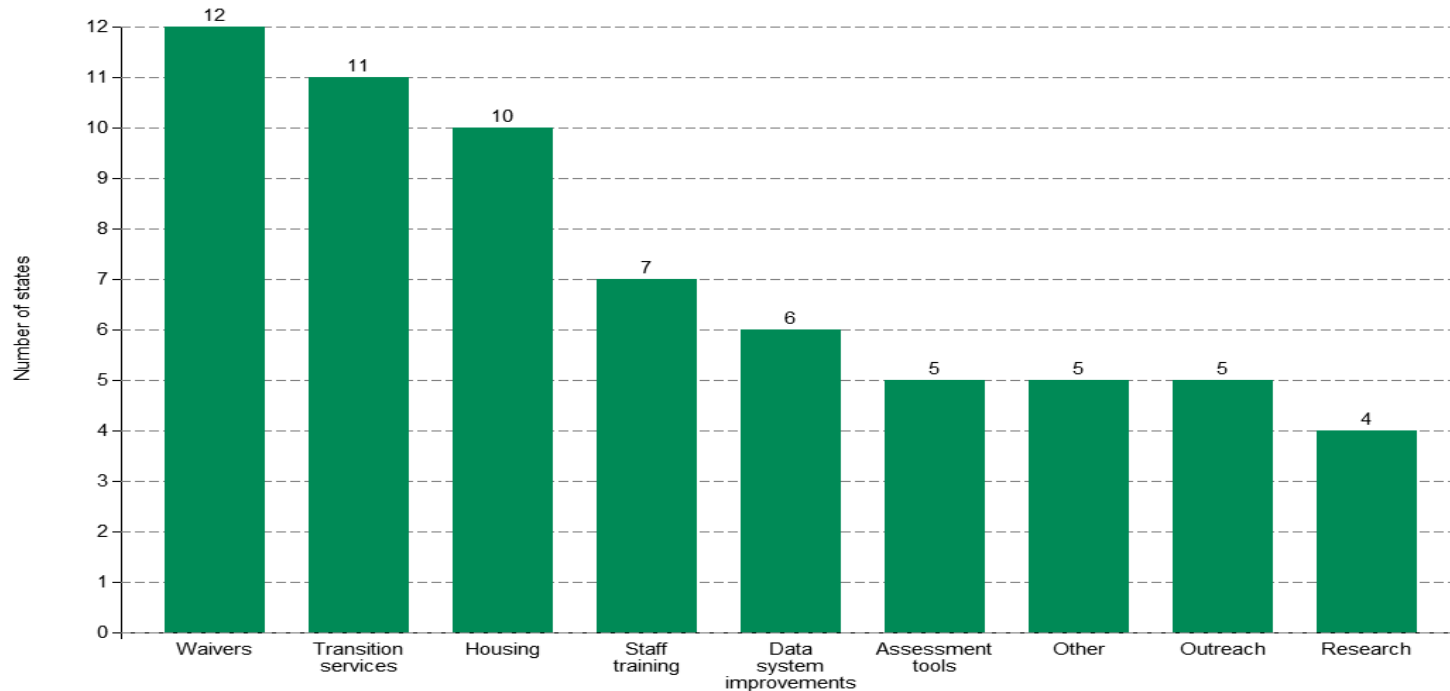


Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2014.

Note: N = 16 states in 2009; 19 states in 2010; 20 states in 2011; 25 states in 2012; 22 states in 2013.

# States Use Rebalancing Funds in Different Ways

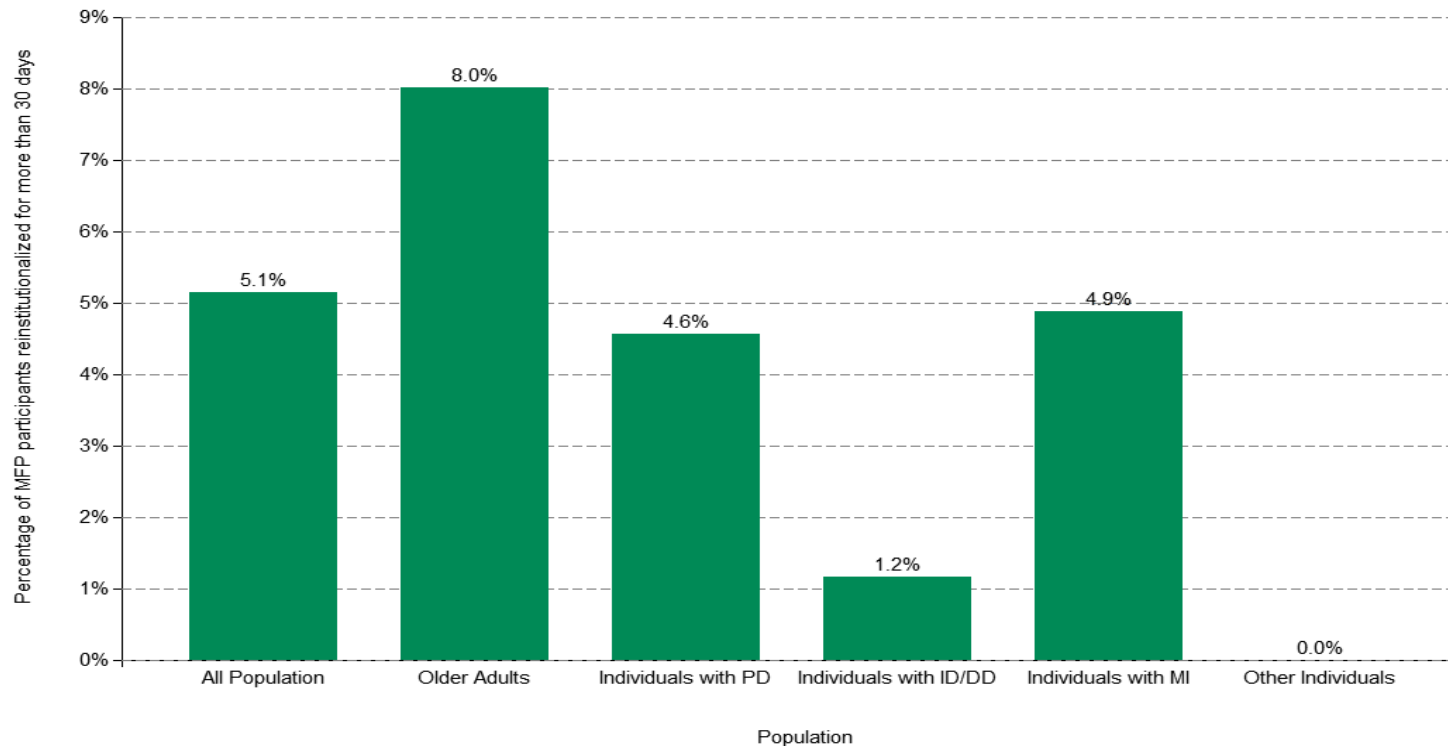
## Types of Rebalancing Initiatives in 2013



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2014.  
Notes: States may spend rebalancing funds on multiple types of initiatives and can be counted in multiple categories.  
N = 35 states.

# Reinstitutionalization Most Common Among Older Adults

## Percentage of Participants Reinstitutionalized in 2014 for More than 30 Days, by Subpopulation



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2014.

Note: N = 44 states.

ID/DD = intellectual or developmental disabilities; MI = mental illness; PD = physical disabilities.

# Other Information Reported

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- **Report also provides information on:**
  - **Achievement of statutory transition and HCBS expenditure goals**
  - **Self-direction**
  - **Employment supports and services**
  - **Housing**
    - Challenges
    - Strategies associated with securing appropriate and affordable housing

# Source

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## *Money Follows the Person Demonstration: Overview of State Grantee Progress, January to December 2014*

Eric Morris, Melissa Medeiros, Noelle Denny-Brown, Victoria Peebles, Bailey G. Orshan, Rebecca Coughlin, Rebecca Sweetland Lester, Susan R. Williams, and Brynn Hagen

June 2015

<http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/balancing/money-follows-the-person.html>

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# **MFP and Managed Long-Term Services and Supports (MLTSS)**

# The Integration of MFP and MLTSS

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- **Describes the integration of MFP and MLTSS in seven states**
  - Hawaii, Massachusetts, Minnesota, New Jersey, Tennessee, Texas, and Wisconsin
- **Updates information on**
  - Enrolled populations
  - Covered services
  - Transition coordination
- **Provides new details on**
  - Payment strategies
  - Performance and quality measures to incentivize common goals of MFP and MLTSS

# Together MFP and MLTSS Can Serve More Populations

## Populations covered in MFP and MLTSS

| State and MLTSS program   | Populations served by both MFP and MLTSS | Populations served by MFP only               | Populations served by MLTSS only |
|---|--|--|----------------------------------|
| Hawaii QUEST Integration  | Age 65+, PD                              | IDD  | -                                |
| Massachusetts Senior Care Options   | Age 65+                                  | PD, IDD, SMI, people w/acquired brain injury | -                                |
| Minnesota Senior Health Options (MSHO)/Senior Care Plus (MSC+), Special Needs Basic Care (SNBC) | Age 65+ (MSHO/MSC+) PD (SNBC)            | Children                                     | -                                |
| New Jersey Managed Long Term Services and Supports  | Age 65+, PD, IDD                         | IDD  | -                                |
| TennCare CHOICES  | Age 65+, PD                              | IDD  | -                                |
| Texas STAR+PLUS   | Age 65+, PD                              | IDD  | Children with disabilities       |
| Wisconsin Family Care   | Age 65+, PD, IDD                         | Children                                     | -                                |

Sources: Lipson and Valenzano (2013), state MLTSS contracts, and MFP operational protocols.

Note: IDD = Adults who have intellectual or developmental disabilities; PD = Adults who have physical disabilities; SMI = People with serious mental illness without co-occurring conditions



# **Payment Strategies to Incentivize Community Options**

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- **Capitation payments that incentivize community-living over institutional care**
  - Rate cells based on the setting of care (institutionalized or community) (New Jersey and Texas)
  - Blended rates that pay the same rate regardless of care setting (Hawaii, Tennessee, and Wisconsin)
  - Modified blended rates that combine multiple rate cells reflecting variation in frailty or care setting and delays moving someone from one to another cell to incentivize community care settings (Massachusetts and Minnesota)
- **Additional incentives that encourage transitions**
  - Incentive payments outside the capitation rate for transitions (Tennessee and Wisconsin)

# Quality Measures to Gauge Progress Toward MFP Goals

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| Measurement domain                             | Number of study states using measure (out of 7) |
|--|---|
| Transitions from institutions to the community | 6   |
| Re-institutionalization                        | 6   |
| Person-centered planning process               | 6   |
| Quality of life                                | 5   |
| Critical incidents                             | 5   |
| Timeliness of home-based care and meals        | 1   |
| Housing  | 1   |

Source: Mathematica review of state MCO contracts and personal communication with state personnel.

# Conclusions

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- **MFP and MLTSS programs can have very similar goals**
  - Leverage MLTSS to support MFP transitions
  - Use MFP resources to enhance the ability of MLTSS to rebalance the LTSS system
- **Strong financial incentives the most effective lever to promote the use of HCBS**
  - Quality measures help states monitor MCO performance in relation to MFP goals
- **Integration of MFP and MLTSS reduces the challenges to sustaining the progress made when the national MFP demonstration ends**

# Lessons from the States

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- **States need to increase awareness of MFP and the factors that characterize successful transition processes among**
  - **state MLTSS managers**
  - **MCO administrators, care planners, transition staff, and providers**

New Jersey: trains MCOs and care management staff directly on transitions

Wisconsin: communicates expectations to MCO leadership and provides capacity-building grants

Texas: embeds MFP staff in the MLTSS transition planning process

# Source

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## *Hand in Hand: Enhancing the Synergy Between Money Follows the Person and Managed Long-Term Services and Supports*

Jenna Libersky, Debra Lipson, and Kristie Lao

July 2015

<http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/balancing/money-follows-the-person.html>

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## Other Reports

# **Information on Other Federally Supported Research on LTSS**

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- **A November 2014 CMS interagency Federal summit to discuss Federally-supported LTSS research**
  - Assistant Secretary for Planning and Evaluation
  - The Department of Housing and Urban Development
  - Administration for Community Living
  - Agency for Healthcare Research and Quality
  - The Centers for Disease Control and Prevention, National Center for Health Statistics
- **Summary of what was discussed**
  - Organized by the eight attributes of LTSS systems

# Source

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## *Summary Report from the DEHPG 2014 LTSS Research Summit*

Carol Irvin

June 2015

<http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/quality-of-care-hcbs.html>



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# Forthcoming Reports

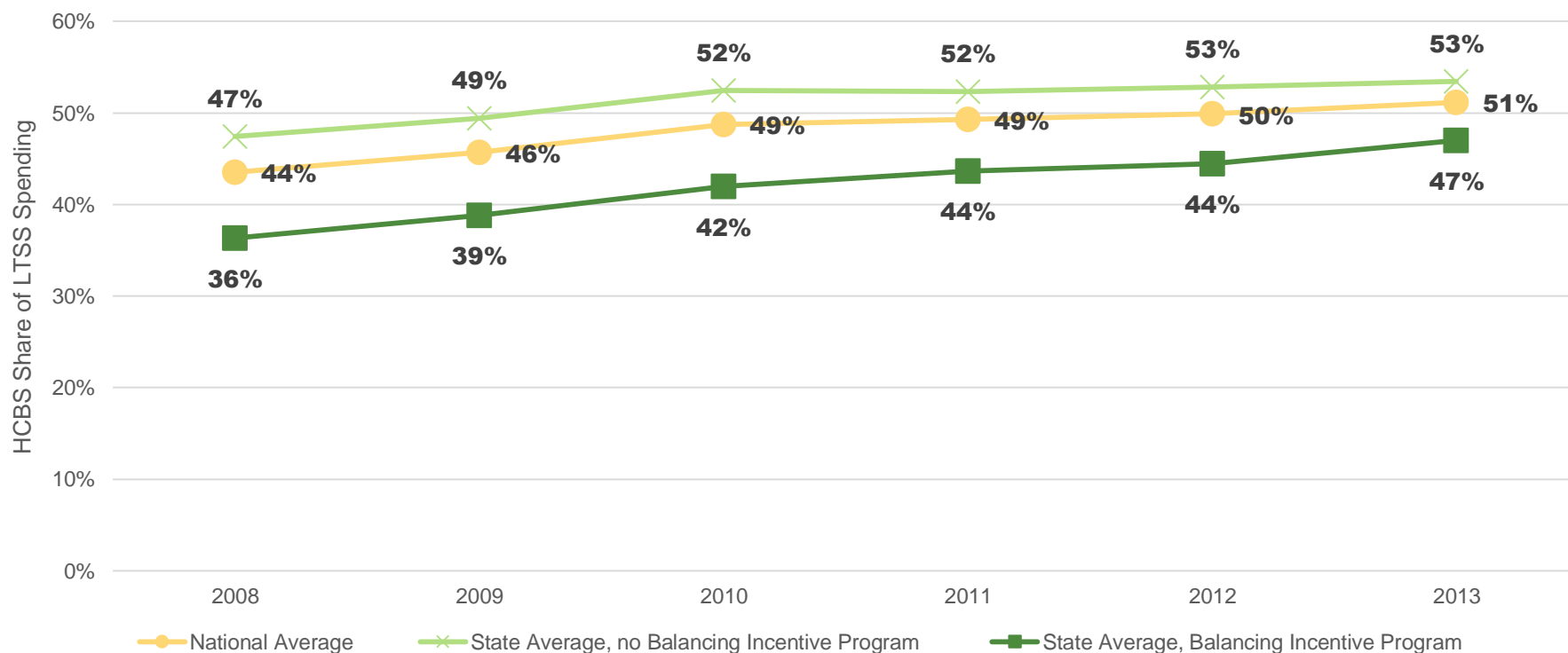
# **Preliminary Results from the Balancing Incentive Program**

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- **Assessment of the 18 states in the Balancing Incentive Program as of June 2015**
  - Led by Rebecca Sweetland Lester
  - Based on state reported aggregate data
  - Survey of Balancing Incentive Program states conducted by Mission Analytics
  - Interviews with program staff from Ohio, Iowa, and Mississippi
- **Key research questions**
  - **How successful have Balancing Incentive Program states been at rebalancing their LTSS systems?**
    - Which states have been most successful?
    - Are trends in particular services related to success?
    - What are key programmatic approaches or contextual factors?

# Balancing Incentive Program States are Showing Good Progress on Rebalancing

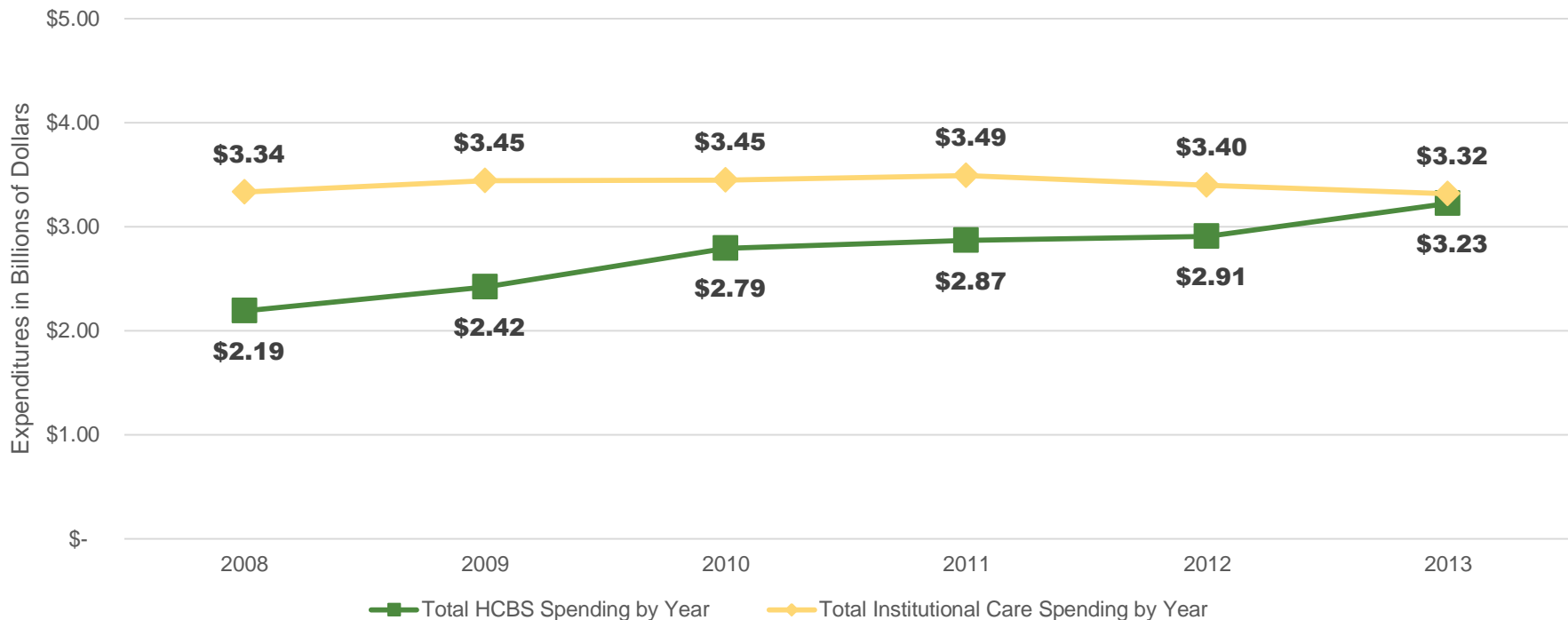
## HCBS Expenditures as a Percentage of Total LTSS Expenditures, 2008 through 2013



Source: Mathematica analysis of data presented in Eiken et al. 2015.

# HCBS Expenditures Increasing and Institutional Care Expenditures Declining Slightly

## LTSS Expenditures by Category Among Balancing Incentive Program States, 2008 through 2013



Source: Mathematica analysis of data presented in Eiken et al. 2015.

# 2014 Annual Report

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- **Achievement of statutory goals**
- **Further analyses of**
  - **costs and service utilization patterns of MFP participants compared to others who transition without the benefit of MFP**
  - **quality of life**

# Reports Still to Be Designed

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- Report from the Field on family caregiving
- Report to Congress due in 2016

# For More Information

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- **CMS**

- **Effie George**

- [Effie.George@cms.hhs.gov](mailto:Effie.George@cms.hhs.gov)

- **CMS MFP website**

- <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/balancing/money-follows-the-person.html>

- **Mathematica**

- **Carol Irvin**

- [Clrvin@mathematica-mpr.com](mailto:Clrvin@mathematica-mpr.com)

- **Mathematica MFP website**

- <http://www.disabilitypolicyresearch.org/our-publications-and-findings/projects/research-and-evaluation-of-the-money-follows-the-person-mfp-demonstration-grants>

# Successfully Implementing Sustainability Plans

- Panel Discussion
- Small Group Discussion
- General Discussion



# CMS/TA Roundtables

Meet with your Project Officer and  
Technical Assistance Team



# Topic Discussions

- Panel Discussion
- Small Group Discussions
- General Discussion



# Wrap-Up

- Observations and Action Items
- Evaluation Forms
- Taking Advantage of the HCBS Conference Agenda

# ***Additional Questions/Information***

For reference materials and additional information:

Todd Wilson, [todd.wilson@cms.hhs.gov](mailto:todd.wilson@cms.hhs.gov)

MFP Technical Assistance Website: <http://mfp-tac.com>

E-Mail: [mfp-ta@neweditions.net](mailto:mfp-ta@neweditions.net)