

# Building Partnerships and Innovation for Community Living

**Michael Nardone, Director**

**Disabled and Elderly Health Programs  
Group (DEHPG)**



# DEHPG Vision

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***An effective, sustainable health care system that promotes independence, positive outcomes and quality of life through person-centered services and supports.***

# Community Living

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- Person-centered planning recognizes the unique circumstances and preferences of every individual
- Residing in a community-based setting is not sufficient—long term services and supports (LTSS) programs should support people in connecting with their communities (community integration)

# DEHPG Active Support of Community Living Initiatives

- MFP

44 grantees; over 63,000 transitioned from long-term institutional care to community residences as of 2015.

- BIP

19 states implemented structural changes to their LTSS system: No wrong door/single entry point system (NWD/SEP); conflict-free case management services and core standardized assessment instruments.

- TEFT

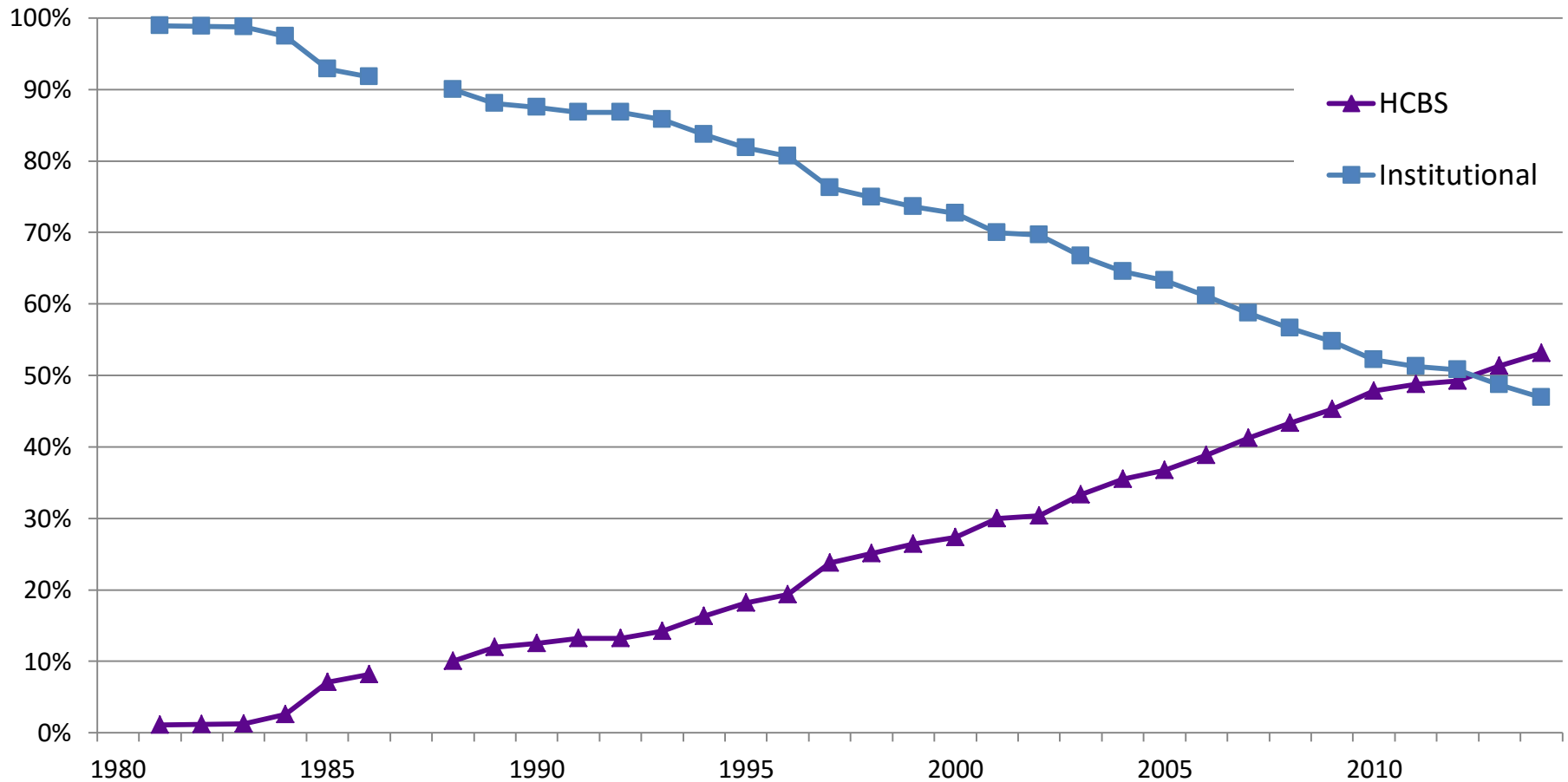
With the total grant program nearing \$42 million, CMS is promoting the use of health information technology (HIT) in CB-LTSS systems.

# CMS Focus Areas

## Community-Based Service Systems

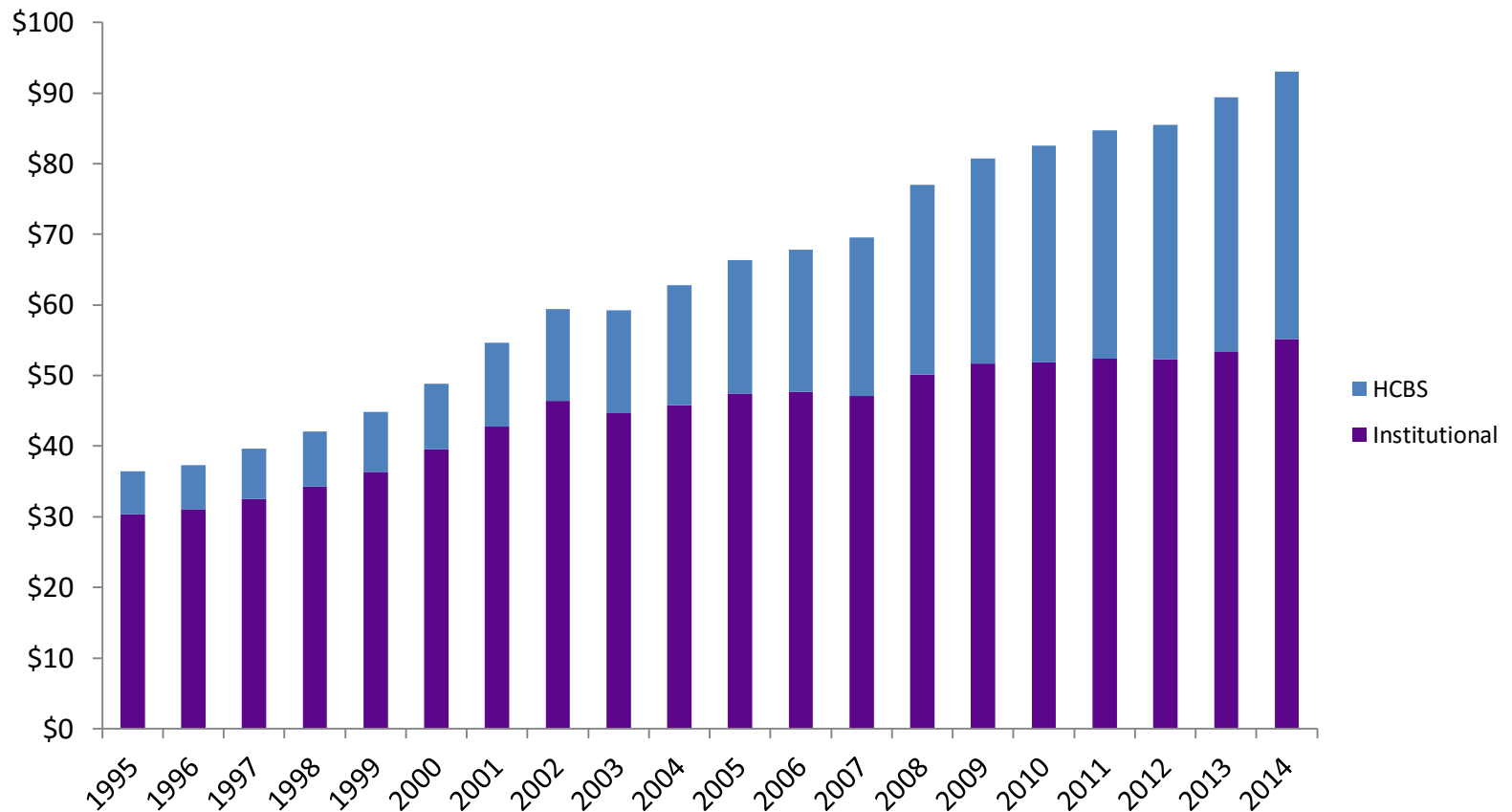
- Managed Long Term Services and Supports (MLTSS) expansion (26 states as of June 2016)
- Helping states transform LTSS systems to include community integration activities
- Increasing incorporation of outcome (e.g., quality of life, etc.) type measures
- Improving integrated care:
  - Health Homes
  - High-Need High-Cost Beneficiaries
  - Increasing access to Medicaid/Medicare data (90/10) (T-MSIS)

# Medicaid HCBS and Institutional Expenditures as a Percentage of Total Medicaid LTSS Expenditures FY 1981–2014



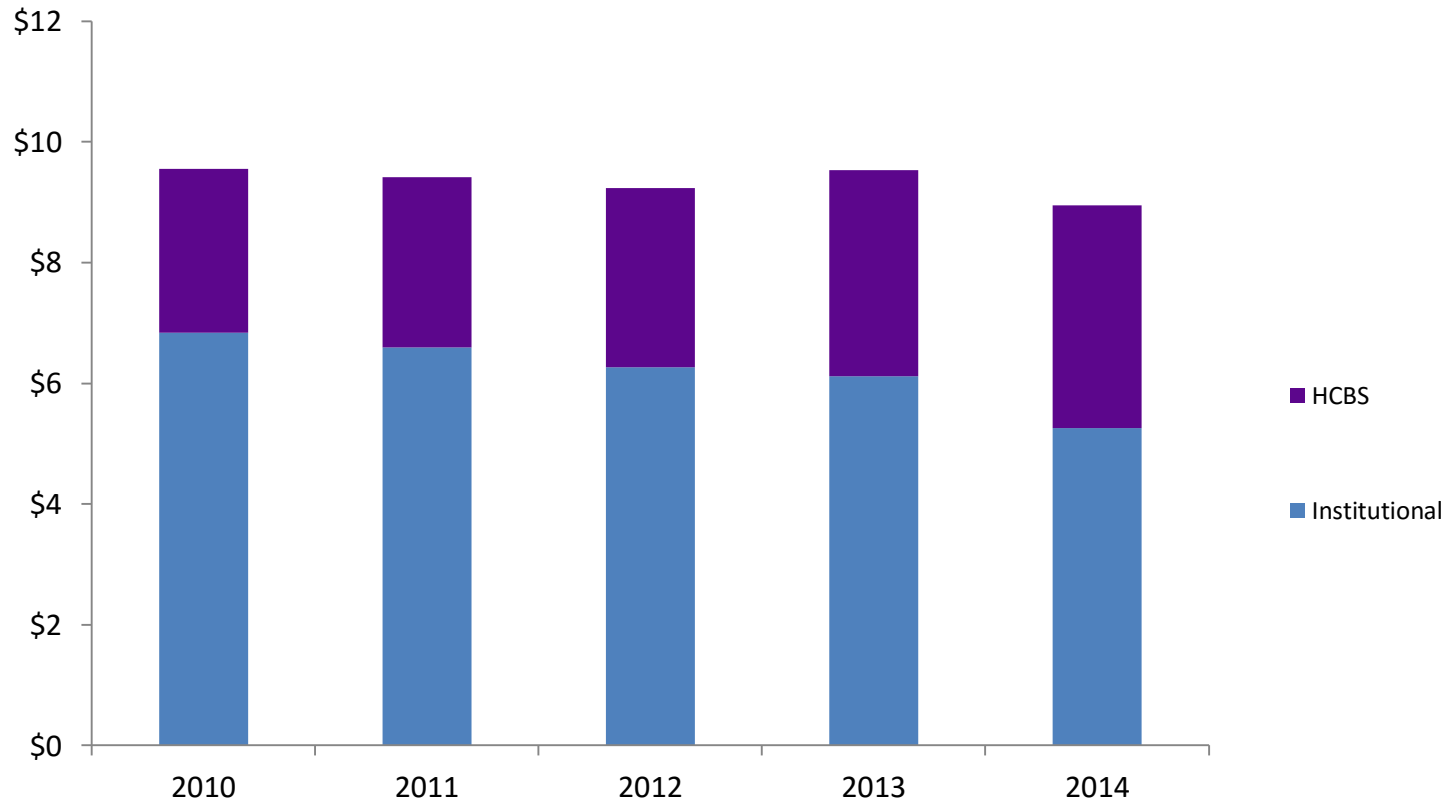
Source: Improving the Balance: The Evolution of Medicaid Expenditures for Long-Term Services and Supports (LTSS), FY 1981-2014  
Truven Health Analytics, June 3, 2016

# LTSS Spending Targeted to Older People and People with Physical Disabilities, in billions, FFY 1995-2014



Source: Prepared for CMS by Truven Health Analytics, April 22, 2016

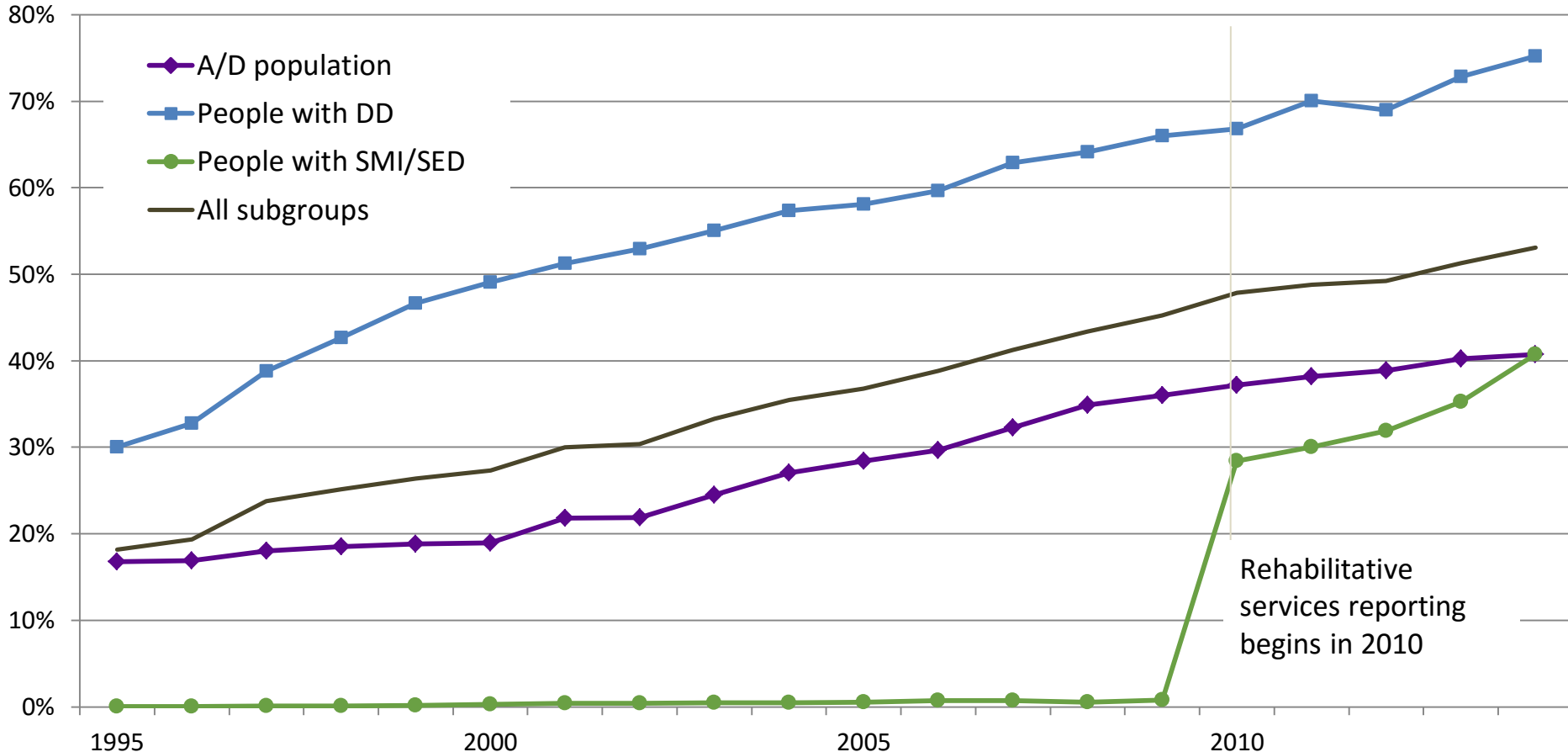
# Medicaid LTSS Expenditures Targeted to People with Serious Mental Illness or Serious Emotional Disturbance, in Billions, FY 2010-2014



Source: Prepared for CMS by Truven Health Analytics, April 22, 2016



# HCBS Exceeds 50 Percent for Medicaid Enrollees with Developmental Disabilities but not for Other Subgroups



Source: Improving the Balance: The Evolution of Medicaid Expenditures for Long-Term Services and Supports (LTSS), FY 1981-2014  
 Truven Health Analytics, June 3, 2016

# Some of DEHPG Work Ahead Includes...

- Suggested Approaches for Strengthening and Stabilizing the Medicaid Home Care Workforce Info Bulletin
- Engaging Managed Care Organizations around the regulations
- Data Sharing and Interoperability cross agencies
- Developing Quality Measures
- Releasing Info Bulletin to further clarify community integration services for high-need high-cost Medicaid beneficiaries (chronically homeless)

# Attributes of a High Performing Community-Based LTSS

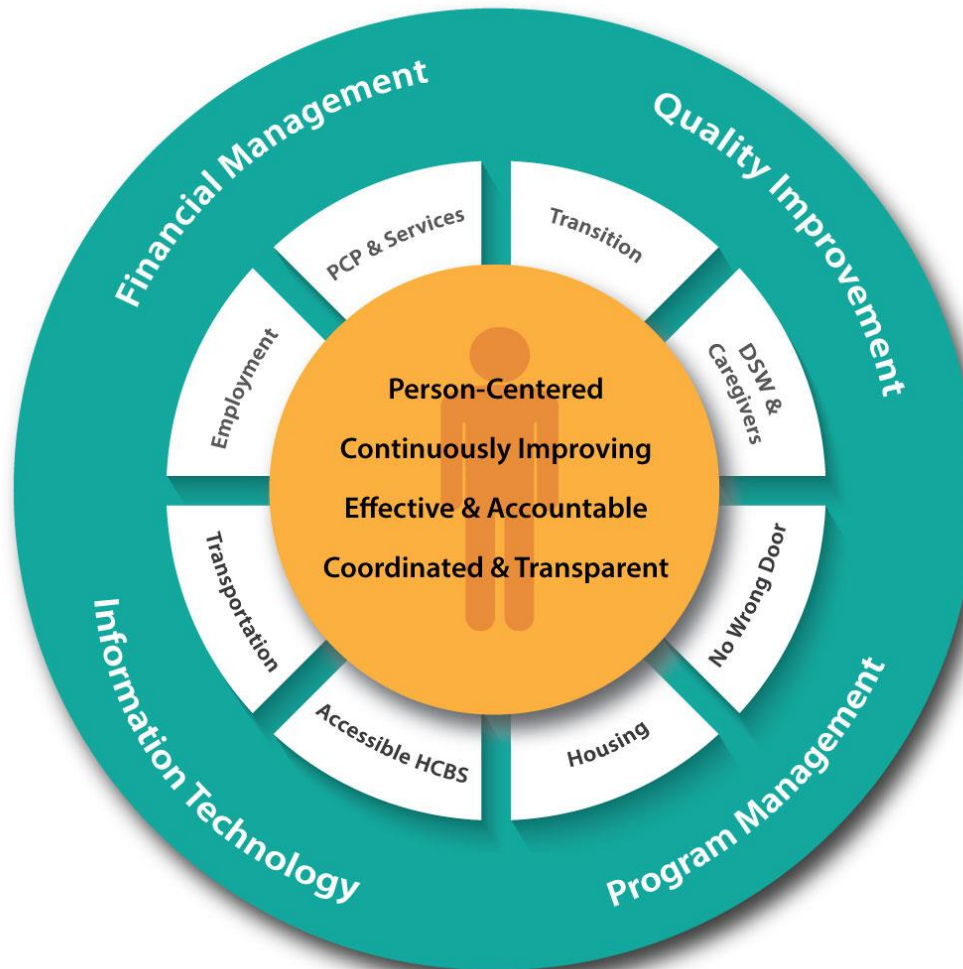


**Michael Smith, Director**  
**Division of Community Systems**  
**Transformation**

# Concept

## A High-Performing Community-Based Long Term Services and Supports System

realizes the core principles of being person-centered, continuously improving, effective and accountable, and coordinated and transparent through eight attributes operating within a well-designed infrastructure of quality improvement, information technology and program and financial management.



# Core Principles

- Person-centered, inclusive and culturally competent
- Effective, accountable, and sustainable
- Coordinated and transparent
- Continuous quality improvement

# Attributes

- Accessible Home and Community Based Services (HCBS)
- Transition Services
- No Wrong Door
- Person-Centered Systems
- Employment Supports
- Direct Service Workers and Caregivers
- Housing Options
- Transportation

# Supporting Infrastructure

- Quality Improvement
- Financial Management
- Program Management
- Information Technology

# Medicaid Innovation Accelerator Program (IAP)

**Promoting Community  
Integration in Long-term  
Services and Supports**

**Melanie M. Brown, Technical  
Director, Division of Community  
Systems Transformation**





# Medicaid Innovation Accelerator Program (IAP)

- Four year commitment by CMS to build state capacity and support ongoing innovation in Medicaid through targeted technical assistance\*
- A Center for Medicare and Medicaid Innovation (CMMI) -funded program that is led by and lives in Center for Medicaid and Chip Services (CMCS)
- Supports states' and HHS delivery system reform efforts
- Not a grant program; targeted technical assistance

\*IAP is a technical assistance model. IAP refers to “technical assistance” as “support,” “program support” or “technical support”

# Medicaid Delivery System Reform

## PROGRAM AREAS

**Improving Care for Medicaid Beneficiaries with Complex Needs and High Costs**

**Promoting Community Integration Through Long-Term Services and Supports**

**Supporting Physical and Mental Health Integration**

**Reducing Substance Use Disorders**

## Functional Areas

- Data Analytics
- Quality Measurement
- Performance Improvement
- Payment Modeling and Financial Simulations

# How Do We Define Success for IAP?

- Has participation in IAP led to increased delivery system reform in the IAP program priority areas/populations?
- Has IAP increased states' capacity to make substantial improvements in:
  - Better care, Smarter spending, Healthier people
- Has IAP built states' capacity in the following areas:
  - Data analytics, rapid cycle learning, value-based payment, and quality measurement

# Community Integration—Long-term Services and Supports: Two Tracks

- Two sequential opportunities for states
- States could apply for one or both of these tracks

**Track 1.** State Medicaid-Housing Agency Partnerships

**Track 2.** Incentivizing Quality and Outcomes

# Areas of Program Support Available for State Medicaid Agencies

## **1. Medicaid Housing-Related Services and Partnerships (HRSP):**

1. Supporting Housing Tenancy
2. State Medicaid-Housing Agency Partnerships

## **2. Incentivizing Quality and Outcomes (IQO) in Community-based LTSS**

1. Planning an IQO strategy
2. Implementation of an IQO strategy

# IAP Housing-Related Services & Partnerships Track 1: Supporting Housing Tenancy

- Three-month (Feb 2016 to April 2016) web-based learning series
- 31 Participating States
  - Program support provided in state-selected areas including:
    - Assessing coverage needs for services that support tenancy;
    - Identifying gaps in current coverage; and
    - Best practices in Medicaid-covered services used to support tenancy for various target populations.

# IAP Housing-Related Services & Partnerships Track 2: State Medicaid-Housing Agency Partnerships

- Joint federal initiative: CMS, USICH, HUD, SAMHSA, and ASPE.
- Six-month intensive workshop
- 8 participating states: CA, CT, HI, IL, KY, NJ, NV and OR
- Program support customized to states' needs:
  - In-person workshops; roundtables on Medicaid and housing agency collaborations;
  - Facilitation of meetings between Medicaid and housing agencies; site visits with a lead technical support facilitator.

# Goals of the Partnerships Track

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- Help states align policies and funding
- Increase access to services linked to housing to improve access to health care and outcomes and to reduce costs.
- Help states take advantage of opportunities in Medicaid to cover and finance services in supportive housing



# Deliverables

- **Partnerships Track Services Crosswalk** identifies gaps in services that states may address in their action plans
- **Housing Resource and Policy Assessment** identifies available affordable housing resources and opportunities to increase them
- **Individualized State TA Assessment**, completed by lead facilitators and state teams together, identifies the type of facilitation and specific program support needed for each state

# Partnerships Track Process

- States receive **facilitation and individualized technical support**
- **Deliverables** help states assess their services and housing resources/policies, and identify opportunities to align policies and work across systems to increase supportive housing for the targeted populations
- **In-person convenings provide forum for states to work within and across state teams**
- States develop **Action Plan**

# In-Person State Learning & Action Planning Convenings

- Convening Format:
  - Topical Sessions on challenges, opportunities & strategies
    - Presentations/panels to include state implementers & SMEs
    - Opportunities for peer learning/exchange
  - Facilitated State Action Planning Sessions
- First convening held: May 3-4, Washington, DC
- Second convening to occur: October 4-5, Washington DC

# IAP Planning an IQO Strategy

- Six-month group learning series with IN, MD, MS, ME, NV, NC, OH, PA and VA participating, launched in April 2016
- Targeting states needing strategic planning support in developing an IQO approach for community-based LTSS
- Content of program support is customized to states' needs and includes:
  - HCBS Quality Measures;
  - Managed LTSS Quality Incentives;
  - Alternative Payment Models; and
  - Roundtables with other states planning to implement IQO strategies for community-based LTSS.

# Implementation of an IQO Strategy

- Six month 1:1 support with MA, NJ, WA, & VA on implementing an IQO strategy launches September 2016
- Targeting states that are in need of support with the early stages of their IQO implementation activities
- Content of program support will be customized to states' needs and may include:
  - Determining accountable entities;
  - Analysis of relevant data; and
  - Development of an incentivizing strategy.

# How is IAP Performing?

- IAP evaluation launched fall 2015, led by CMMI
- Evaluation assesses the processes used in providing technical support, including level of acceptance and impact of the technical support
- Key Findings from first semi-annual report:
  - Selected priority areas were aligned with stakeholders' expressed interests, and resonated with Medicaid programs
  - IAP has benefited from real-time learning
  - Participating in technical assistance takes time and leadership

# Key Second Year Messages

- Continuing to roll out a variety of technical support activities for Medicaid programs' DSR efforts
- Technical support opportunities well received by states
- Number of states participating in IAP continues to increase
- Partnering with several CMS and HHS teams
- As IAP's first two rounds of support end, focus is on:
  - sharing knowledge and lessons learned nationally
  - designing next round of support to states
  - identifying ways to continue moving states towards DSR
- Much more support to come for states

# End of Year Goals

- National dissemination of lessons learned and resources for first two program areas
- Launch technical support for data analytics; payment modeling/financial simulations; and quality measurement
- Release T-MSIS based data analytics tools to support states in using Medicaid data to promote IAP objectives



# Visit Our Medicaid.gov page:

[www.medicaid.gov/state-resource-center/innovation-accelerator-program/innovation-accelerator-program.html](http://www.medicaid.gov/state-resource-center/innovation-accelerator-program/innovation-accelerator-program.html)

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[Home](#) > [State Resources](#) > Innovation Accelerator Program

## State Resources

**Innovation Accelerator Program**

[News and Activity](#)

[IAP Commentary](#)

[Reducing Substance Use Disorders](#)

[Beneficiaries with Complex Needs](#)

[Community Integration – Long-Term Services and Supports](#)

[Physical and Mental Health Integration](#)

## Medicaid Innovation Accelerator Program (IAP)

CMS launched the Medicaid Innovation Accelerator Program (IAP) in July 2014 with the goal of improving health and health care for Medicaid beneficiaries by supporting states' efforts to accelerate new payment and service delivery reforms.

Through these improvements, we can reduce costs for the Medicaid program and, by extension, the health system more generally. The IAP will enhance CMS's wide ranging efforts to improve care by supporting system-wide payment and delivery system reform innovation. We are using the IAP to work closely with states, consumers, and health providers on these critical issues through technical assistance, tools development and cross-state and national learning opportunities.

Through the IAP, we are building on lessons and recommendations we have heard from our state partners for specific opportunities to advance innovation, and we will develop strategically targeted resources and technical assistance that states can leverage to accelerate Medicaid-focused innovations to transform health care.

**IAP** | Medicaid Innovation Accelerator Program

## Related Resources

[The Innovation Center](#)

[Medicare-Medicaid Coordination Office](#)

# **The MFP Rebalancing Demonstration:** Status as of the end of 2015

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**Presentation at the 2016 National HCBS Conference Intensive:  
Money Follows the Person (MFP) Rebalancing Demonstration  
Washington, DC**

**August 29, 2016**

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Carol V. Irvin • Author • Author

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# Overview of State Grantee Progress

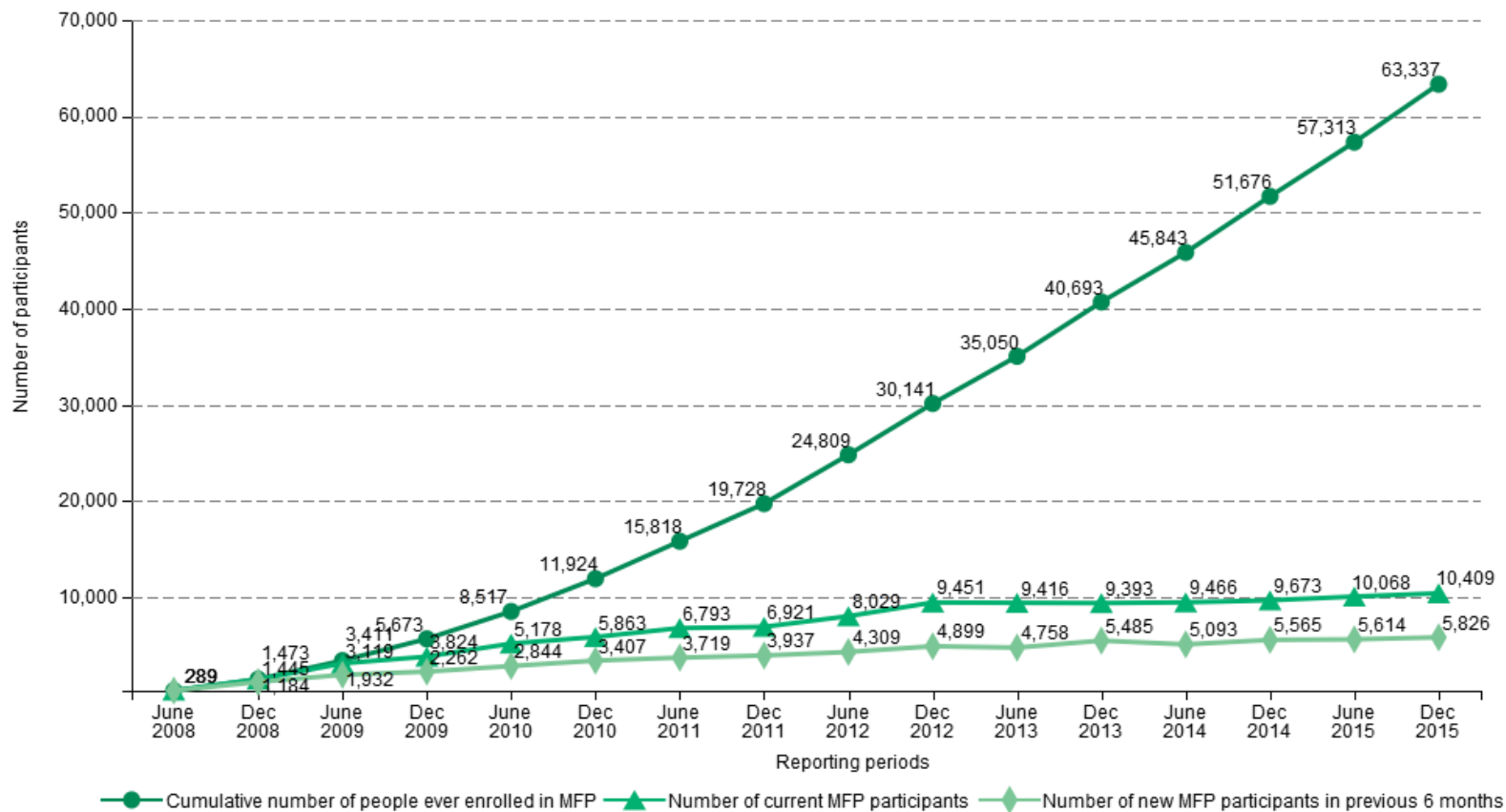
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- **Transitions**
- **Expenditures on community-based long-term services and supports (LTSS)**
- **Rebalancing funds**
- **Other areas of progress**
  - Rates of reinstitutionalization
  - Self direction
  - Employment supports
  - Housing supports

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# Transitions

# Transitioned More than 63,000 Beneficiaries by the End of 2015



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2008-2015.

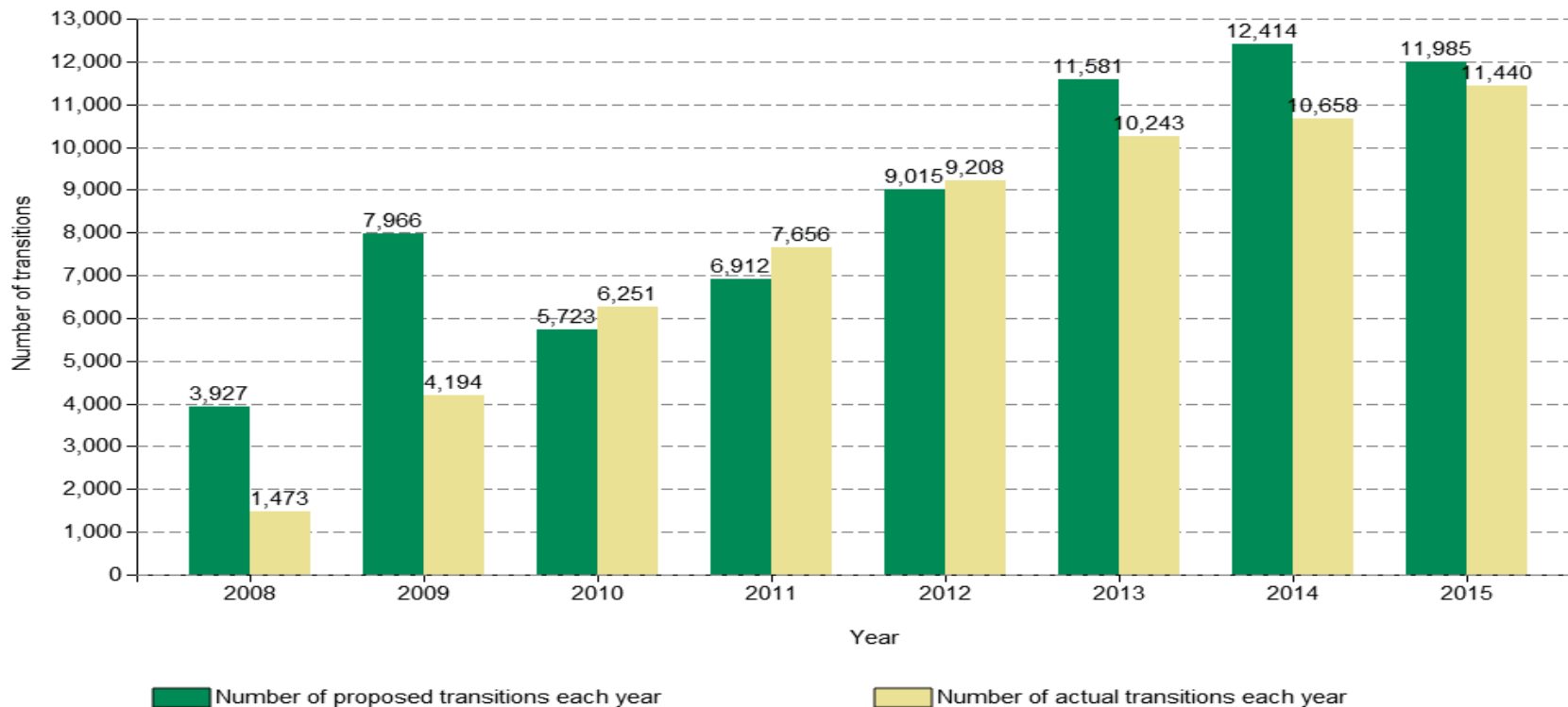
# The Volume of Transitions Continues to Grow

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- Annual transitions have exceeded 10,000 each year since 2013
- Calendar year 2015
  - First time the annual volume of transitions exceeded 11,000 Medicaid beneficiaries
  - Two state grantees transitioned more than 1,000 people—Ohio (1,658) and Texas (1,038)—accounting for 24 percent of all MFP transitions during the year
  - Four state grantees transitioned more than 500 people—Washington (964), Connecticut (750), Illinois (641), and Massachusetts (549)—accounting for 25 percent of all MFP transitions during the year

# Mixed History in Predicting Volume of Transitions

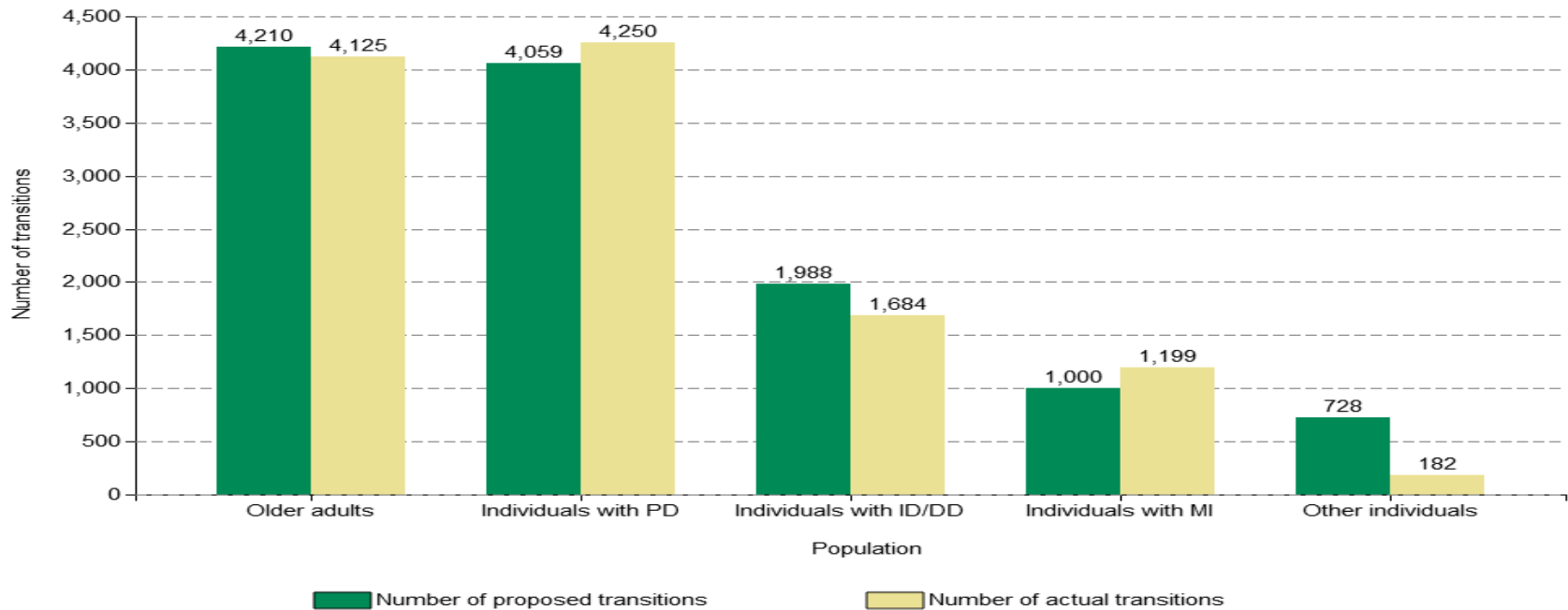
## Proposed Versus Actual Number for MFP Transitions



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2008-2015.

# For 2015, Over Predicted Transitions for Some Groups and Under Predicted for Others

## Progress Toward 2015 Transition Goals by Targeted Population



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports for 2015.



# Challenging to Predict Length of Time from Initial Assessment to Transition

## Average Number of Days From Time of Initial Assessment to Actual Transition



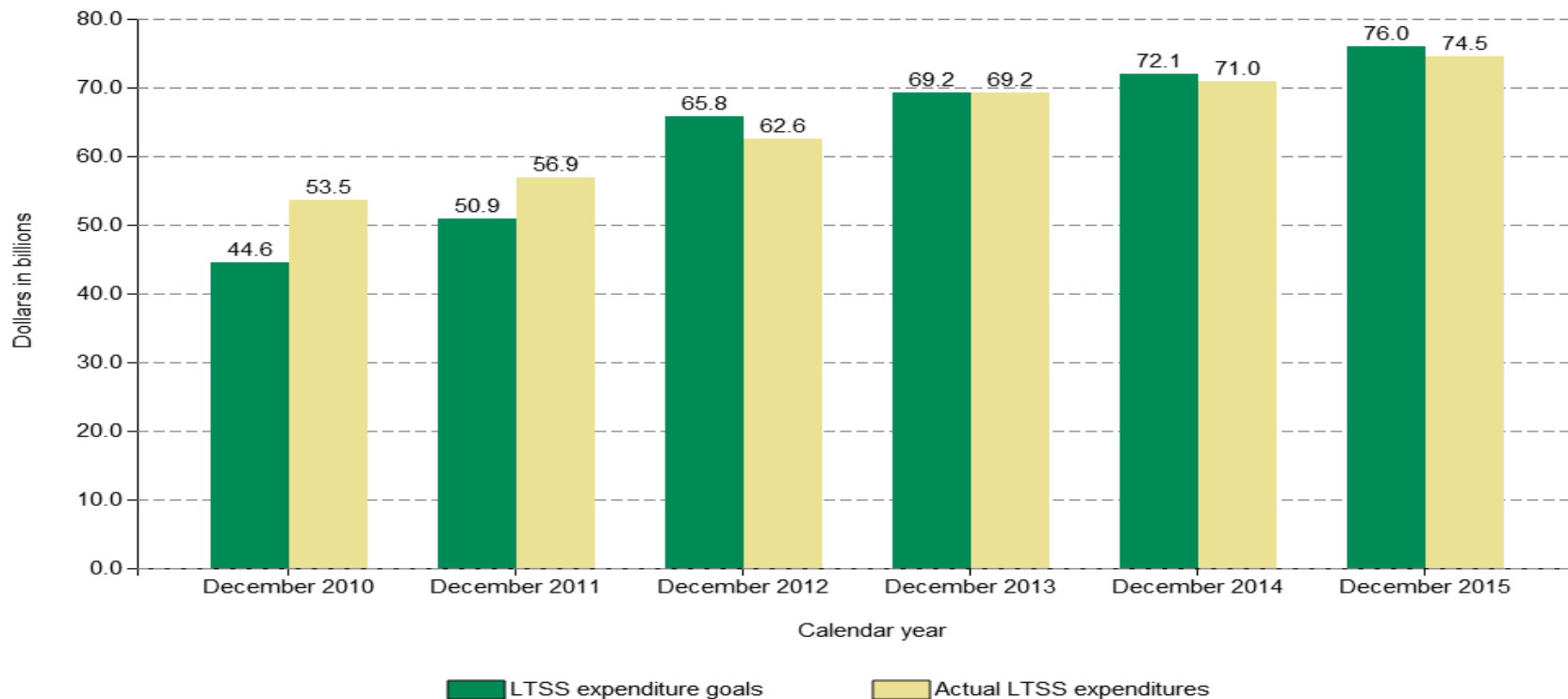
Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports for 2015.

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# Expenditures on Community-Based LTSS

# History of Achieving Expenditure Goals

## Projected Versus Actual Community-Based LTSS Expenditures



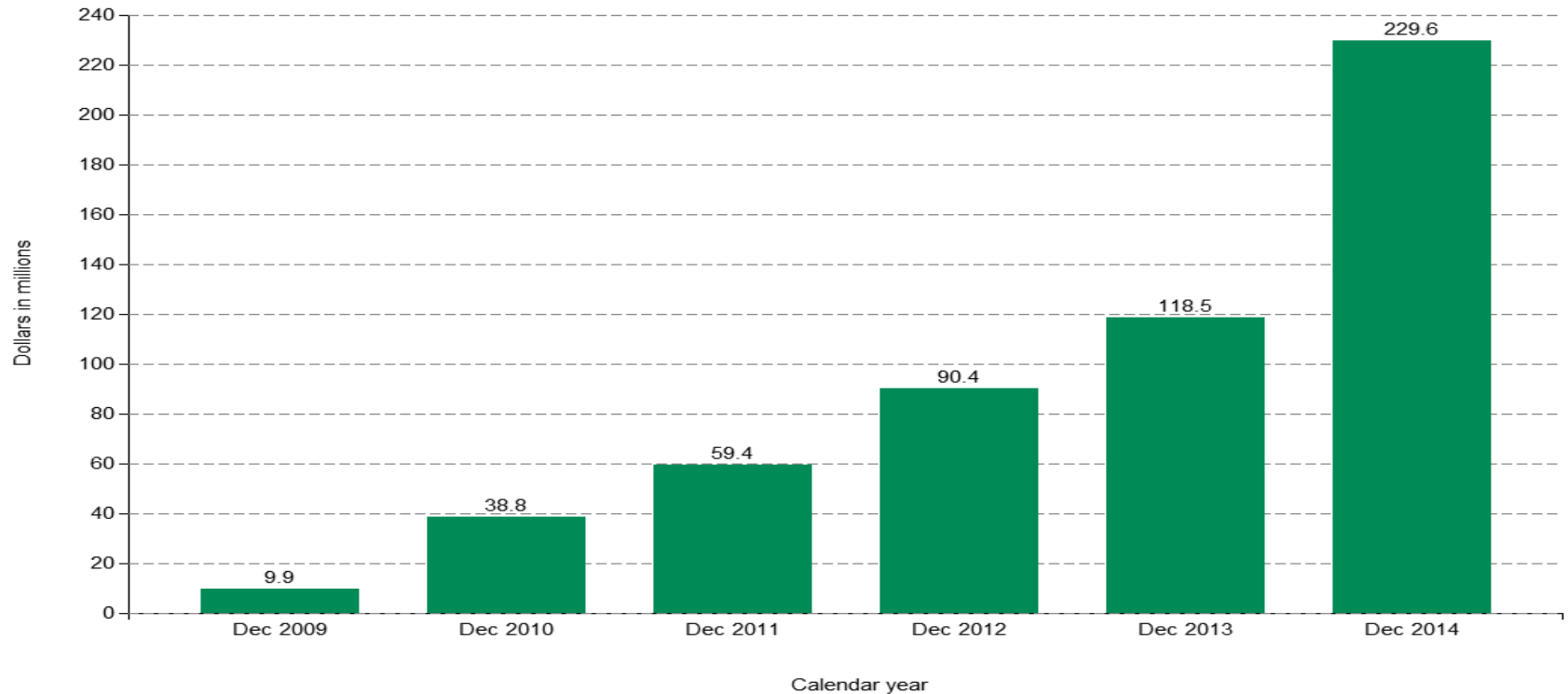
Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2010-2015.

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# Rebalancing Funds

# Expenditures from MFP Rebalancing Funds Grew Substantially from 2013 to 2014

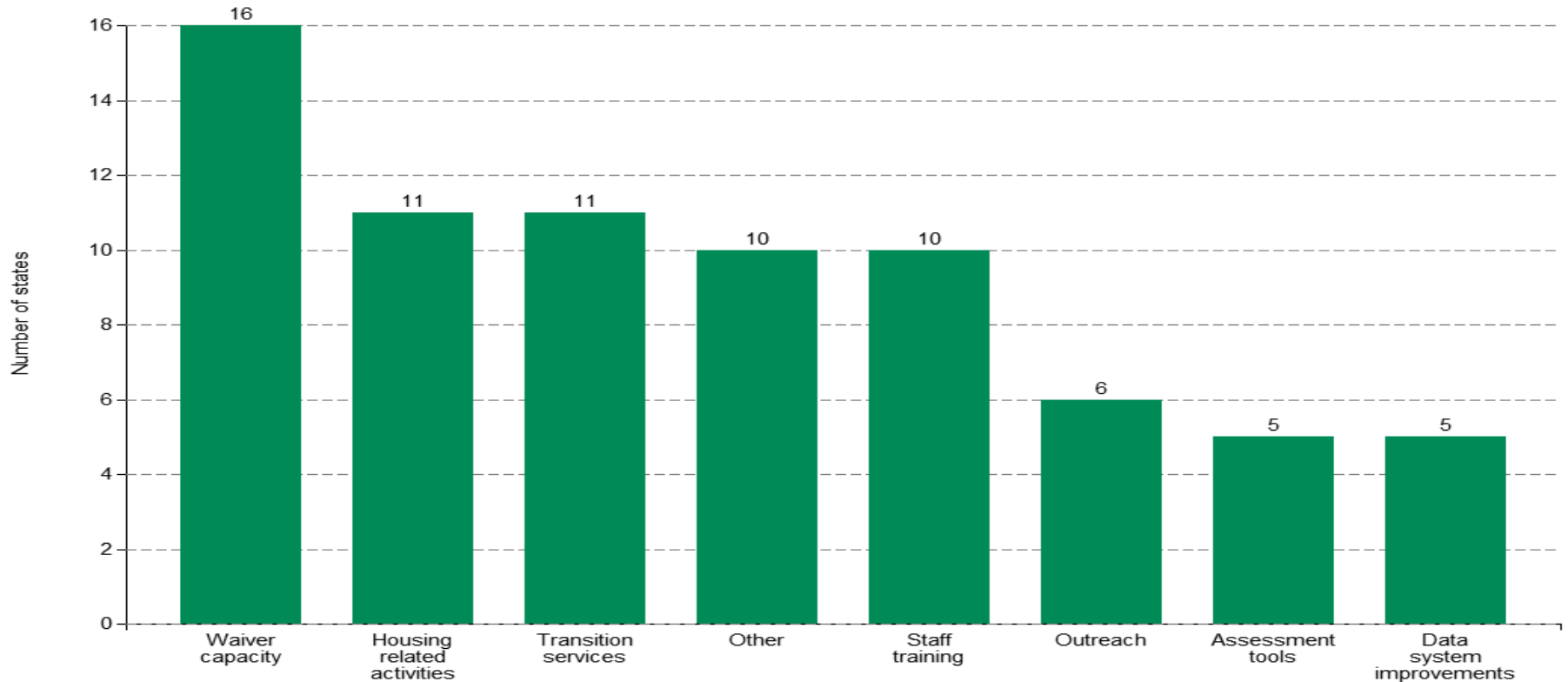
## Cumulative Expenditures of State Rebalancing Funds



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2010-2015.

# MFP Rebalancing Funds Most Commonly Used to Expand Waiver Capacity

## Types of Rebalancing Initiatives in 2014



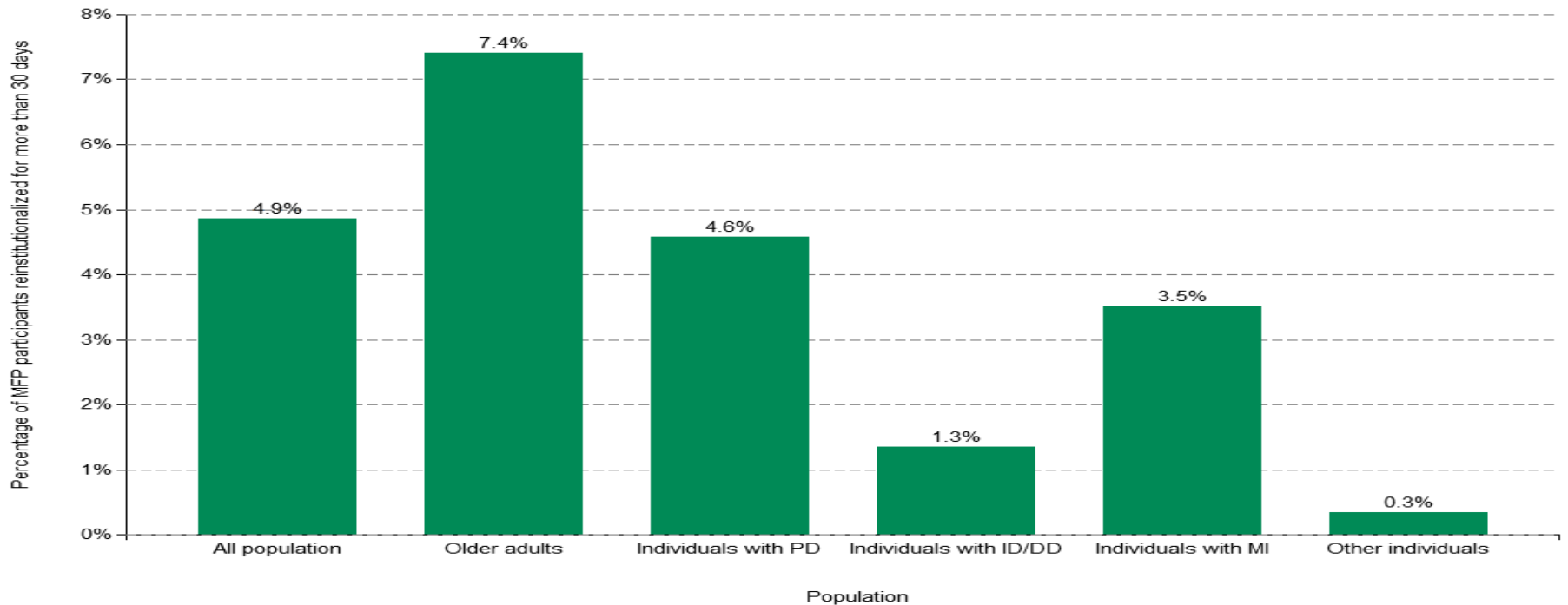
Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports for 2015.

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# Other Areas of Progress

# Reinstitutionalization Rates Remain Low

## Percentage of Participants Reinstitutionalized for More than 30 Days

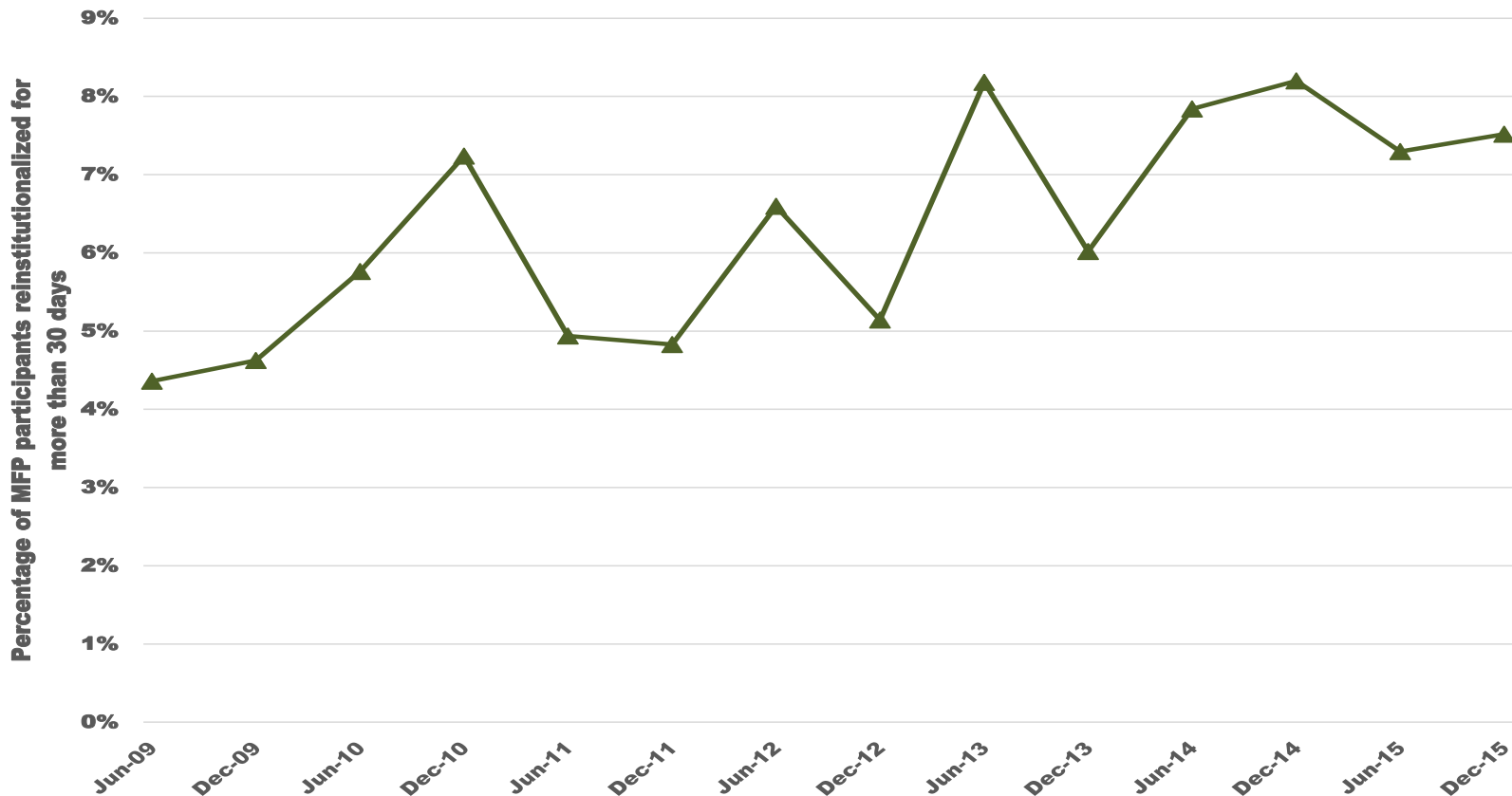


Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports for 2015.



# Reinstitutionalization Rates Slowly Increasing for Older Adult MFP Participants

## Percentage of Older Adults Reinstitutionalized for More Than 30 Days



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports, 2009-2015.

# Self Direction Commonly Offered, But Not Particularly Popular

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- **39 grantee states offer self direction to MFP participants**
  - **Approximately 24 percent of MFP participants were self directing at the end of 2015**
  - **In three grantee states, more than half self direct**
  - **Of those self directing**
    - 73 percent manage an allowance or budget
    - 40 percent hire or supervise their own personal assistants

# Many Grantees Building Employment Supports

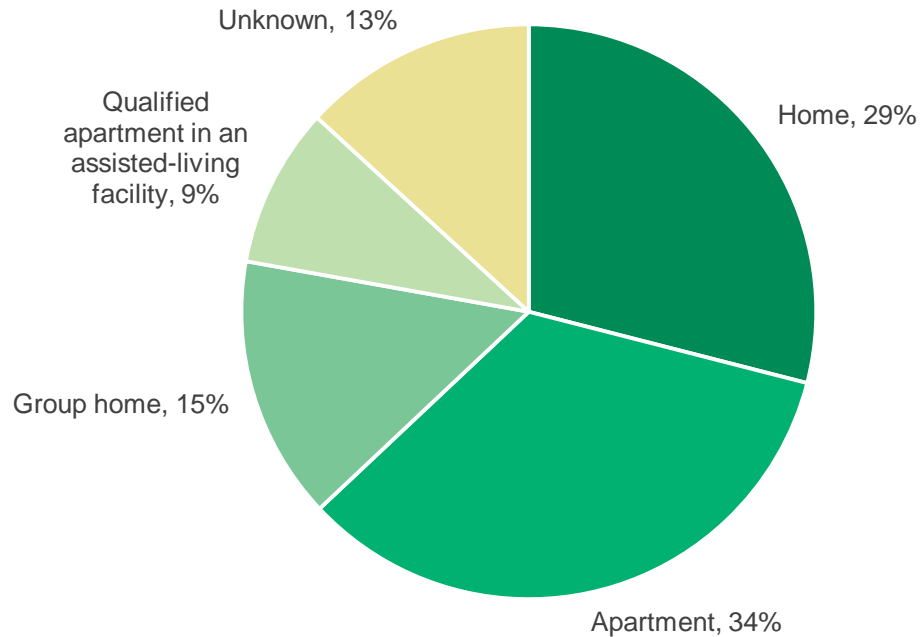
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- In 2015, 30 grantee states provided at least one kind of employment service or support
  - Job coaching (17 grantees)
  - Budgeting and management of personal finances (12 grantees)
- More than half reported progress on partnering with state employment agencies
  - Multiagency working groups to address employment for people with disabilities
  - Cross-agency awareness training
  - Shared enrollment information to determine eligibility for services

# Grantees Help Secure the Full Range of Housing Options

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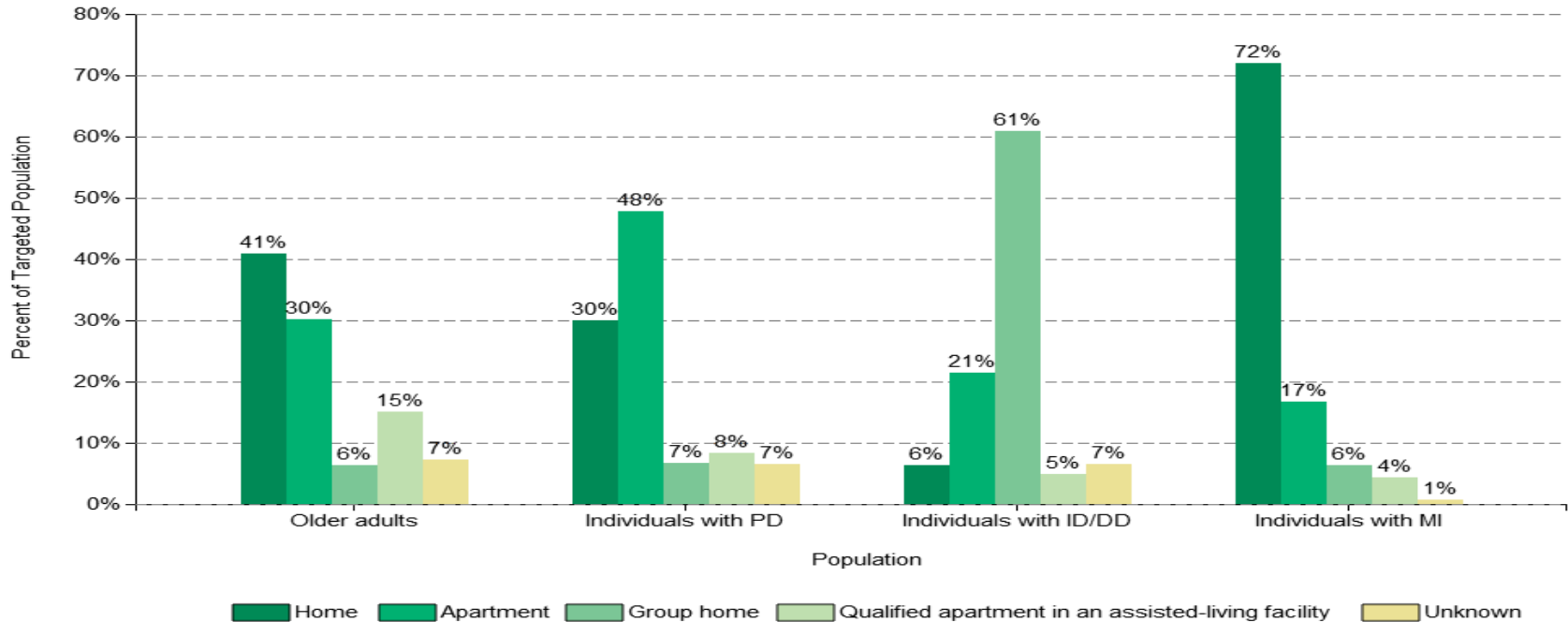
## Percentage of New MFP Participants Who Transitioned to Each Type of Qualified Residence



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports for 2015.

# Different Target Populations Move to Different Types of Housing

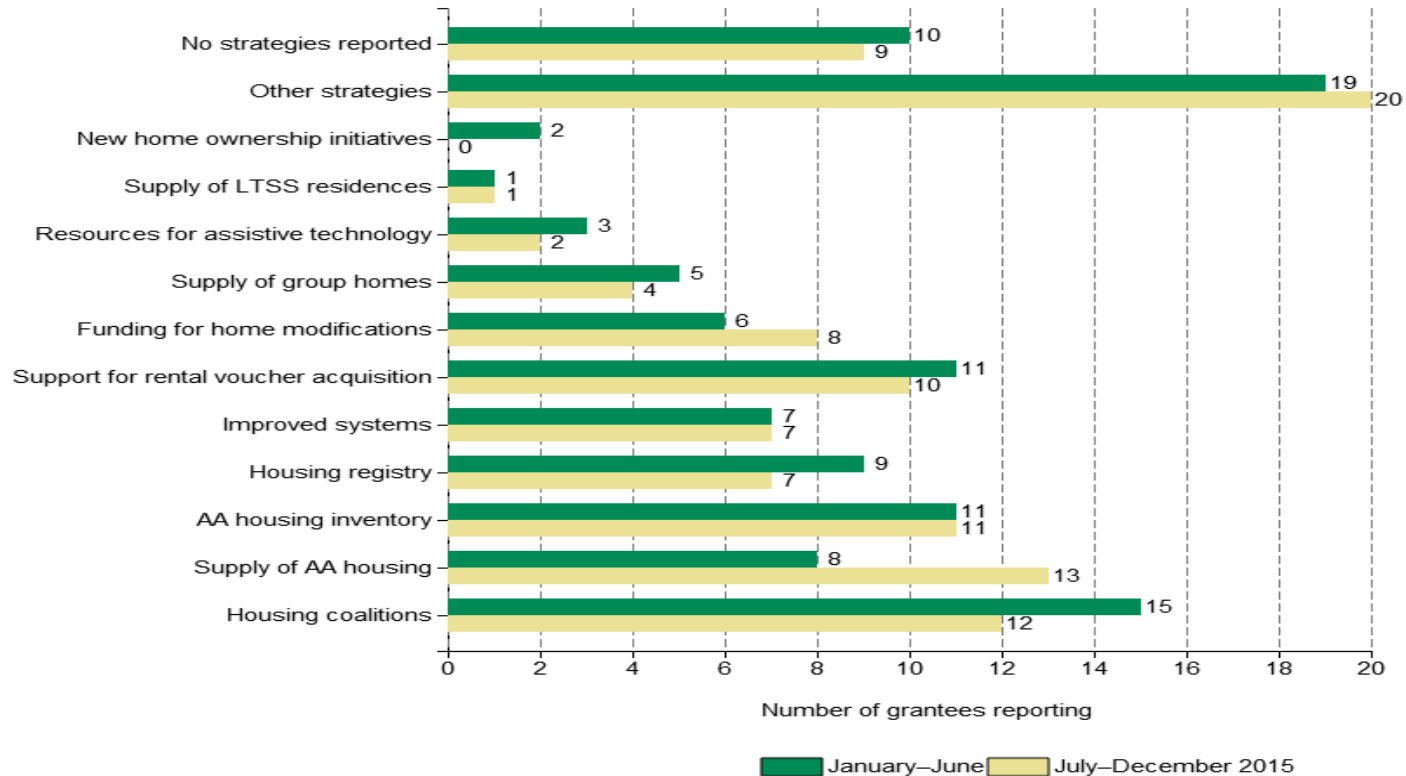
## Types of Qualifying Housing by Target Population



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports for 2015.

# Grantees Pursuing a Wide Range of Strategies to Address the Housing Challenge

## Strategies Used to Improve Housing Options



Source: Mathematica analysis of State MFP Grantee Semiannual Progress Reports for 2015.

# Summary

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- **Calendar year 2015**
  - Eighth year of the MFP demonstration
  - Majority of the 44 grantee states have reached maturity
  - Hit a new level of transitions
- **Trends seen in the data**
  - Hitting expenditure goals, but still need to work on predicting volume of transitions
  - Most transitions are successful, but reinstitutionalization rates trending upward for some targeted populations
  - Working on hard on housing and continue to implement new housing initiatives

# 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>