
Long-Term Services and Supports Workgroup



September 23, 2011

Agenda

- Cost Containment Updates
 - Rebalancing Themes
- ACA Updates
 - 1915 (i)
 - Health Homes
 - Balancing Incentive Payments Program
 - Community First Choice
- Next Steps
 - Meeting in November
 - Draft Report to Legislature

Cost Containment and Rebalancing

- Many suggestions for cost containment focused on rebalancing long-term services and supports
- Cost containment suggestions can inform discussions on reforming LTSS
- Rebalancing themes include:
 - Pursue Community First Choice
 - Improve Quality
 - Improve/expand HCBS
 - Increase funding/expanded/simplified eligibility
 - Increase Coordination for Dual-eligibles
 - Improve administration

Updates on the Provisions of the Affordable Care Act

1915 (i)

Health Homes

Balancing Incentive Payments Program

Community First Choice

1915(i) State Plan Option

- Allows HCBS as a state plan benefit
- Is similar to HCBS waivers
- Does not require institutional level of care now required under 1915(c) HCBS waivers
- Key Features
 - Allows waiver of comparability (targeting of populations)
 - Expanded service definitions
 - No “cap” on enrollment
 - No waiver of statewideness
 - No enhanced Federal match offered

1915(i) Update

- Mental Hygiene Administration is currently pursuing 1915(i) options for 2 services
 - Supported Employment
 - Psychiatric Rehabilitation
- Additional (i) options will be explored as specific needs are identified
- Any new (i) would represent an unfunded expansion in services
- The Department's initial priorities in LTSS involve other options, such as CFC; 1915(i) for long-term services and supports will be evaluated in a later phase

Health Homes

- Patient-Centered Health Homes involve models for individuals with one of the following:
 - at least 2 chronic conditions;
 - 1 chronic condition and risk of another; or
 - 1 serious and persistent mental health condition.
- Services in the Health Home include:
 - comprehensive case management,
 - care coordination and health promotion,
 - comprehensive transitional care,
 - individual and family support,
 - referral to community and social support services, and
 - the use of health information technology to link services.

Health Homes

- States receive an enhanced Federal Medical Assistance Percentage (FMAP) of 90%:
 - Limited to the first 8 fiscal quarters after the effective date of the program.
 - Only for new health home services.
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Health Homes Update

- The Office of the Deputy Secretary for Behavioral Health and Disabilities is exploring the use of the Health Home option to coordinate mental health and substance abuse services for individuals with these diagnoses
- Recently hosted an informational session for providers

Balancing Incentive Payments Program (BIPP)

- Incentive for states to rebalance long-term services and supports (LTSS) systems
- Offers an enhanced federal medical assistance percentage (FMAP) for all HCBS covered during the “balancing incentive period” through September 30, 2015
- Enhanced federal payment rates
 - 2% for states with less than 50% of LTSS spending in non-institutional settings
 - 5% for states with less than 25% LTSS spending in non-institutional settings
- Maryland qualifies for the 2% enhanced payment rate

BIPP Requirements

- All enhanced federal payments must be used to fund new and expanded Medicaid community-based LTSS
- Within six months, states must initiate “structural changes” to their LTSS systems that include:
 - Creation of a Single Point of Entry system for LTSS
 - Development of a Standardized Assessment Instrument
 - Implementation of Conflict Free Case Management
- By the end of the BIPP period states must:
 - Increase HCBS to 50 or 25% of total Medicaid LTSS spending
 - Implement required structural changes

Additional Requirements

States must:

- Apply to participate
- Submit a budget and plan for increasing Medicaid HCBS spending to a target percentage by September 30, 2015
- Collect new data regarding
 - services
 - quality
 - outcome measures
 - employment

BIPP Updates

- State Medicaid Directors' Letter, SMDL# 11-010, released September 12, 2011
- Provides guidance and clarification on BIPP
- Also distributed the application guidance and instructions
 - Included the FY2009 expenditure data upon which the incentives are based
 - Details the increased reporting requirements and defines terms/conditions for structural changes
- \$3 billion appropriated to support BIPP nationwide

BIPP Clarifications

- Increased FMAP can only be used to provide *new or expanded HCBS*
 - Other funding sources are needed to cover the costs of the structural changes required for BIPP
- Quality data requirements include reporting on participant satisfaction, employment, and health outcomes
- CMS will issue a manual of guidance on BIPP and the required structural changes on September 30, 2011
- States are encouraged to seek technical assistance from CMS to develop an application and coordinate BIPP with other ACA provisions

BIPP Clarifications

- States must:
 - Develop a work plan that includes milestones to reach spending targets and accomplish required structural changes
 - Submit annual data and programmatic progress reports
 - Demonstrate ongoing progress towards milestones in order to receive increased FMAP
- BIPP requirements are modeled on MFP structure and reporting

Maryland's BIPP Percentages

CMS FY2009 Data

Institutional	HCBS	Total	HCBS %
\$1,348,848,444	\$784,496,744	\$2,133,345,188	36.80%

To participate in BIPP, Maryland must target spending 50% of total LTSS expenditures on HCBS by September 30, 2015 and would receive an enhanced match of 2%

FY09 HCBS	2% Match	New Total HCBS	New HCBS %
\$784,496,744	\$15,689,935	\$800,186,679	37.23%

BIPP Opportunity for Maryland

- Could collect 2% enhanced FMAP on all HCBS expenditures during the balancing incentive period
- Can utilize existing and proposed MFP rebalancing initiatives to accomplish required structural changes
- Next Steps
 - Seek technical assistance from CMS in October
 - Verify verbal assurance that the enhanced FMAP will not be recovered by CMS if the State fails to meet the 50% spending target by 2015

Community First Choice

Community First Choice (CFC) - Key Features

- ACA added a new section 1915(k) to the Social Security Act.
- State option to provide person-centered home and community-based attendant services and supports.
- Provided on a Statewide basis.
- Provides the State with a 6 percent increase in federal match for CFC services.

Federal Guidance

- Final regulations may not be available until January 2012.
- CMS is still discussing policy decisions.
 - Specifically, CMS is discussing whether all CFC participants must meet the State's institutional level of care, or whether CFC also is available for people who require attendant care but are not at institutional level of care.

CFC – Required Services

- Attendant services and supports to assist in accomplishing activities of daily living, instrumental activities of daily living, and health-related tasks through hands-on assistance, supervision, or cueing.
- Purchase of back-up systems or mechanisms such as personal emergency response systems (PERS) and the use of beepers or other electronic devices, to ensure continuity of services and supports.
- The State must develop and offer a voluntary training to individuals on how to select, manage and dismiss attendants.

CFC – Optional Services

Permissible services and supports.

- Allows for transition costs such as security deposits for an apartment or utilities, purchasing bedding, basic kitchen supplies, and other necessities required for transition from an institution.
- Allows for the provision of services that increase independence or substitute for human assistance to the extent that expenditures would have been made for the human assistance.

CFC - Excluded Services

- Room and board.
- Special education and related services provided under IDEA and vocational rehab.
- Assistive technology devices and assistive technology services (other than those used as back-up systems).
- Medical supplies and equipment.
- Home modifications.

Who gets the service?

- Must be eligible for medical assistance under the State plan, including individuals eligible for the HCBS waivers.
- May have an income up to 150% of FPL, or if greater, meet an institutional level of care (CMS still must clarify precise eligibility rules).
- Individuals must reside in the community in a non-institutional setting and be determined by the Department to need assistance with activities of daily living.

Who can provide the service?

- Any person certified by the Department under current regulations other than a spouse, a parent of a dependent child, or other legally responsible individual.

What are the participant's options under CFC?

States may offer either agency or self-directed models, or may choose to offer both models and have participants select:

- ❑ Agency model: The participant would contact an agency provider who will coordinate personal care services. The participant would retain all rights to choose a provider from the agency.
- ❑ Self-directed model: The participant would work with a nurse monitor to access all services.
 - Each participant will develop a budget based on need outlined in the assessment and the participant will determine all aspects of care. Consumer training will be available to all participants selecting this option.

Maryland's CFC Options

- Option 1. Smallest change/smallest \$\$ impact: Offer a self-directed model within our current MAPC program.
- Option 2. Medium changes/medium \$\$ impact: Transition all MAPC program participants into CFC and allow them to choose either self-directed or agency-provided services. No changes to OAW and LAH; no enhanced match for waiver-provided attendant care.
- Option 3. Major changes to current programs/major \$\$ impact: Transition all allowable services under federal regulations into one CFC program. This would include all MAPC program participants *as well as participants in OAW and LAH*. All services allowable under CFC would be provided, tracked and monitored under one program.

Option 1.

- **Concerns: Self-directed model within MAPC**
 - Most MAPC providers are independently employed.
 - Projecting the number of participants who would hire these providers under the self-direction option is difficult.
 - The number of individuals who opt to participate in self-direction *will not be sufficient to generate enough federal match to cover the cost of required additional services or quality improvements.*

Option 2.

- Concerns: Offering both models to current MAPC participants:
 - The federal match for current recipients *will not be sufficient to cover the cost of required additional services or quality improvements.*
 - No increase in the overall rate to attract agency providers could be offered without a significant increase in state funds for the program.

Option 3.

- Consolidating all allowable services under CFC into one program:
 - Additional \$\$, created by enhanced FMAP, will add services and improve rates; more enrollees and providers are likely to participate; difficult to project new participants who may newly select to participate in CFC
 - Need to change the MAPC per diem rate into an incremental rate (e.g., hourly or 15-minute increments)
 - Moves services out of LAH and OAW into State Plan

Department intends to pursue Option 3 and seeks comments.

■ Benefits

- CFC under this proposal allows the state to coordinate community-based services and receive the highest match.
- The 6 percent enhanced federal matching funds will cover the cost of all additional services and program improvements not possible within Options 1 or 2.
- The enhanced match would be reinvested into the program to *increase services and raise rates for lower-paid personal care workers: major advance in rebalancing.*
- Providing personal care under one program will allow for other advancements in overall quality of care.

What services would Maryland offer under Option 3

- We propose to offer all required and optional services allowed under CFC regulations. Specifically, CFC would offer:
 - Personal / Attendant Care;
 - Personal Emergency Response Systems (PERS);
 - Voluntary training for participants;
 - Transition Services; and
 - Services that increase independence or substitute for human assistance.
- Services offered under CFC would no longer be covered as a waiver service, but rather covered as a State Plan service. Waiver participants are eligible to receive all State Plan services.

Benefits for Option 3

- In addition to services offered under CFC, with the enhanced match the State would be able to also provide the following:
 - ❑ Enhanced quality assurance.
 - ❑ A provider registry.
 - ❑ Trainings to providers.
 - ❑ Coordinated rates across programs.
 - ❑ An option to develop a back-up system.

Enhanced Quality Assurance

- Quality Assurance.
 - With savings from the increased federal match over a larger population, quality assurance efforts would be enhanced. This would include:
 - Investigating more reportable events and monitoring quality of care.
 - Tracking systems required under federal regulations would maintain data on outcomes and satisfaction.

Provider Registry

- Provider registry.
 - In either an agency or self-directed model, personal care workers are more easily certified and monitored under one program.
 - Develop an online provider registry, searchable by region, to increase participants' access to personal care providers.
 - This would meet a requirement under the collective bargaining agreement with the personal care workers' union.

Provider Training

- Funding could be used to offer training to personal care workers.
 - Trainings would be offered to all personal care workers to increase quality of care. Specifically, medication aide certification would be funded to ensure all participants taking medication receive qualified assistance.
 - This would meet a requirement under the collective bargaining agreement with the personal care workers' union.

Consistent Rates

- Providing consistent rates under one program.
 - Currently, there are *10 different rates being paid to personal care workers by Medicaid, depending on the program and whether the provider is in an agency model or is independent.*
 - Under CFC, this can and should be simplified, made uniform, and made equitable, to promote equal access in the state plan, both LAH and OAW, and in both agency models and for independent providers.

Back-up Systems

- Option to develop back-up systems.
 - Back-up personal care worker program can be implemented to ensure that a participant will always have an emergency assistant in case of a no-show from a personal care worker.

Proposal for how CFC Option 3 would work for Maryland

- At the initial assessment or next annual re-assessment, each participant would choose a model as part of his/her plan of care: agency or self-directed.
- Participants who choose self-direction would have assistance available to manage their own budget with help from a fiscal intermediary and nurse monitor.
 - Participants would receive training to help guide self-direction.
 - A budget would be created based on personal care and additional services needed to ensure high quality care.
 - All participants would utilize a fiscal intermediary for paying claims.

Proposal for how CFC Option 3 would work for Maryland (cont.)

- All participants would be allowed to keep their current independent provider if they choose to self-direct.
- Waiver participants would not lose current services.
- All MAPC participants would be eligible to receive PERS and any additional CFC services in accordance with their needs.

Proposal for how CFC Option 3 would work for Maryland (cont.)

- All participants develop a person-centered plan of care.
- Participants in the agency model would choose personal care workers from an agency.
- Only participants in the self-directed model would have the ability to control their budget.

CFC Implementation Plan

- The State will:
 - Refine this concept as federal guidance emerges, especially regarding the potential institutional level of care qualifying criteria
 - Seek technical assistance from CMS on policy decisions;
 - Establish an Implementation Council; and
 - Analyze further policy decisions and implementation plan for CFC.

Next Steps

- Feedback
 - Website
 - Email
- Next Meeting
 - Set November Date
- Progress Report to Legislature
 - Draft report to be reviewed in November meeting