

Rebalancing Workgroup: MFP and BIPP

January 10, 2012

Balancing Incentive Payments Program (BIPP)

- Incentive for states to rebalance long-term services and supports (LTSS)
- As a provision of the Affordable Care Act, it offers an enhanced federal medical assistance percentage 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
- DHMH is applying February 2012

BIPP Requirements

- All enhanced federal payments must be used to fund new and expanded Medicaid community-based LTSS
- Within six months, states must submit a work plan that includes:
 - 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, Maryland must:
 - Increase HCBS to 50% of total Medicaid LTSS spending
 - Implement required structural changes

DHMH Path to a Standardized Assessment Tool

- In 2010, the Long Term Care Reform Workgroup recommended the development of a single standardized assessment instrument to be used across programs.
- An instrument that is evidence-based and tested for validity and reliability will improve the quality of community support plans and reduce the effects of the programmatic silos.
- DHMH began the process by:
 - researching and evaluating existing evidence-based instruments
 - hosting public stakeholder meetings to review assessment options with stakeholders
 - ensuring that the new instrument meets the requirements for the Balancing Incentive Payments Program

BIPP Requirements

As part of BIPP, states must adhere to certain requirements for utilizing a uniform assessment tool. Specifically, the assessment must contain the following required domains

- Activities of Daily Living (ADLs)
- Instrumental Activities of Daily Living (IADLs)
- Cognitive function and memory/learning difficulties
- Medical conditions
- Behavior difficulties

CMS Recommendations from BIPP Manual

- Test assessment tools for validity and reliability
- Automate the assessment process
- Evaluate the quality and utility of data collected
- Ensure the assessment
 - Determines eligibility
 - Summarizes an individual's strengths and support needs.
 - Utilizes a strengths or support-based approach
 - Balances the need for data with ease of use
 - Is culturally competent
 - Considers family/caregiver needs
- Involve stakeholders in the design
- Include financial assessment - employment

MN Choices – The Homegrown Approach

Using a crosswalk of their own assessment tools and instruments used in other states, Minnesota created a homegrown tool. Entry into the system includes three phases.

1. An “initial contact” screening call that captures the reason for referral, the urgency of the person’s needs, and whether a full assessment is needed
2. Assessment of preferences, strengths, and needs
3. Development of the support plan

interRAI-HC

- Developed by group of clinicians and researchers beginning in 1993 as MDS-HC
- Tool contains triggers that allow for more detailed questions in areas such as Mental Health and Intellectual Disabilities
- interRAI offers a series of assessment tools designed to work together to form an integrated health information system
 - Home Care
 - Nursing Home and Long-Term Care Facilities
 - Post-Acute Care
 - Institutional Mental Health Care
 - Community Mental Health Care
 - Palliative Care
 - Acute Hospital Care
 - Intellectual Disabilities
- interRAI-Home Care would be used as the care assessment for receiving home and community-based services

Supports Intensity Scale (SIS)

- Assessment tool that evaluates practical support requirements of a person with an intellectual disability
- Published 2004; has validity/reliability data
- Available in print and online format
- Version for children coming in 2013

Stakeholder Feedback

- On December 12 and 15, DHMH hosted public stakeholder meetings to discuss the assessment process, concerns moving forward and any additional information that the Department should include in a screen and/or assessment.

DHMH Recommendation

- The interRAI set of assessments offers reliable and valid questions that have been tested across the country.
- interRAI has a phone screen which satisfies the level 1 screen requirement in the BIPP.
- The level 1 phone screen has specific triggers that will refer interested participants to the appropriate agency (mental health, intellectually disabled) or to other non-Medicaid services.
- The level 1 phone screen is similar to the current Options Counseling program about to be piloted at the Howard County MAP site.

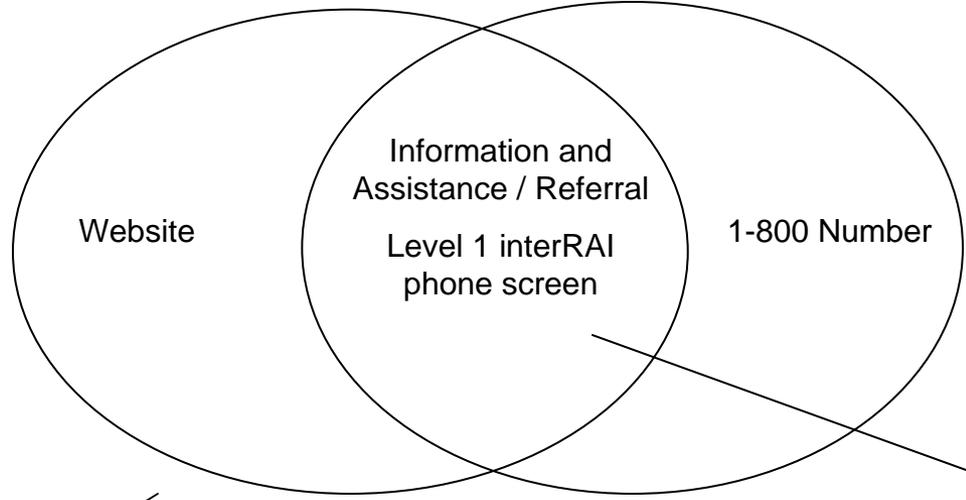
DHMH Recommendation

- Benefits of the interRAI instruments:
 - Built-in assessment protocols – To help focus care planning on key issues identified within the assessment.
 - Quality indicators – Measure decline in physical function and risk of NF placement.
 - Scales – For screening risk and severity.
 - Case-mix – Groups similar participants, aides in resource allocation and facilitates care planning.
 - Data collection – Reporting information and trends will be easy with uniform information on participants in programs.
 - Uniform tracking system – The interRAI phone screen will populate the interRAI-HC assessment decreasing the amount of information re-reported by the participant.
- Other programs can utilize a different assessment based on their population.
 - For instance, DDA is currently piloting the Supports Intensity Scale (SIS) and would be able to continue using it if they choose.

Uniform Screen and Assessment

- The goal of a screen and uniform assessment is to identify the most appropriate service and empower consumers to make better informed choices.
- All potential services, resources and referrals will be available by contacting a single-entry point which will help navigate the system.

Stage 1. MAP Site



Assigned to registry - potential waiver applicants

Referred for financial application and/or level 2 assessment: Medicaid-eligible and Medicaid applicants seeking State Plan services

- Trigger Referrals
- DDA
 - Mental Health Services (Value Options)
 - TBI
 - Autism
 - Private Duty Nursing
 - State subsidy programs, e.g. IHAS, Senior Care, etc.

Stage 2. Eligibility and Enrollment

Financial

- LTC MA Application
- Community Medicaid Application
- Waiver Application

Level 2 interRAI Assessment for potential NF Population (AERS)

Individual is eligible; enrolled in appropriate service
Individual is not eligible, referred for non-MA services

How someone will enroll

- Call the 1-800 number. The MAP website will also be used to funnel people to the 1-800 line.
- A staff person will contact anyone interested and ask basic questions to identify needs.
- If certain needs are identified, the person will complete a level 1 screen which will trigger additional referrals. The screen will be completed as a conversation and will not be a generic Q&A.
- If questions can be answered without a screen, staff will refer to other programs or answer any specific questions.

How someone will enroll

- After completion of the screen, the person will receive certain referrals based on responses.
- Based on responses to medical and financial questions, a person interested in receiving long term services and supports may be:
 - Referred for a level 2 assessment if they are already Medicaid-eligible,
 - Assisted with completing a financial application and referred to Department of Social Services or Division of Eligibility Waiver Services, or
 - Placed onto the registry (if they will be applying for a waiver),
- The level 2 assessment will identify ADL's, IADL's, cognitive functioning, medical conditions and behavior difficulties.
- Most important, the staff conducting the screen will act as a navigator through the system and will be able to provide information to those who are seeking additional services or access to programs.

Discussion Principles

- DHMH will pursue implementing interRAI independent of BIPP financing.
- Some functions are dependant on BIPP.
 - Implementations need to be sustainable when BIPP funding ends after 2015.
 - Funding should promote consumer access to services.
- Discussion on BIPP allocation will be included in the application, however DHMH cannot commit to any of the recommendations without funding.

BIPP Allocation Discussion

- Pilot program to roll out phone screen and assessment.
- Ensure equitable access to providers by promoting consistent rates for community based services across programs.
- Review and ensure adequate funding for completing an interRAI phone screen and/or assessment.
- Quality oversight; including provider credentialing and monitoring.
- Other investment ideas.

Next Steps for DHMH

- Continue drafting the BIPP application.
 - DHMH plans to submit the draft application to the workgroup prior to the February 7, 2012 *Rebalancing: MFP/BIPP* meeting.
- Develop internal workgroup to crosswalk our current level of care tool with the interRAI tool.
- Begin requirements gathering to automate the screen and assessment.
- Work with other programs to ensure collaboration into our single-entry point system.