Pennsylvania Long Term Care Commission
Long Term Services and Supports: A State Perspective

Robin Arnold-Williams, DSW
Leavitt Partners
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State Government Perspective

NEEDS

Opportunities
Service Demand
Demographics

REALITIES

Requirements
Available Resources
Economics
Select Key Milestones

- **1993 – Re-Balancing Initiative** launched with state legislation establishing clear vision for broad array of long term care supporting individuals in home/community settings and promoting individual autonomy, dignity and choice.

- **2005 – 2007 Washington Medicaid Integration Project (WMIP)** launched providing first integrated primary care, mental health, chemical dependency, and long term care managed care model
One State Journey – Washington State

Select Key Milestones

- **2006:** Governor’s Long Term Care Task Force

- **2011- 2014:** HealthPath Washington planning and implementation. Major components:
  - Duals Demonstration
  - Health Home Implementation

- **2013:** Aging and Disability, Joint Legislative Executive Committee established
Re-Balancing Results

Medicaid Nursing Home Recipients

1992: 17,353
2002: 13,265
2014: 10,200

Home and Community Services Recipients

2002: 33,230
2014: 50,200

Re-Balancing Results

Washington is 7th out of 51 States for Medicaid Home and Community Based Services Expenditures in FY 2011
(Elderly Over 65 Yrs Old, Older Adults and People with Physical Disabilities)

Foundational Elements

• **Clear and Shared Vision and Principles**
  – Legislative and Executive Branch
  – Across state agencies
  – Among stakeholders

• **Organizational Infrastructure**
  – Appropriation and budgetary flexibility
  – Caseload forecasting process
  – Data resources and analytics
  – Incentives to strengthen entire system
Lessons Learned and Reaffirmed

• Keep focus on population to be served
• Robust stakeholder involvement
• Planning takes time and it does matter
• Implementation must consider and provide time and resources for necessary transition tasks and capacity building
• Relationships, Relationships, Relationships, Relationships
What Recent Strategies are States Pursuing?
Balancing Incentive Program (BIP)

- Enhanced federal match for home and community based LTSS for states spending <50% of LTSS expenditures for non-institutional care
  - +5% FMAP for those spending <25%
  - +2% FAMP for those spending <25-50%
- State must commit to 3 structural components:
  - No wrong door/single entry point system
  - Conflict-free case management
  - Core standardized assessment instrument

Source: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Balancing/Balancing-Incentive-Program.html
States Participating in the Balancing Incentives Program (BIP)

States Participating in the BIP:
- NV
- UT
- CO
- NM
- AZ
- CA
- TX
- MT
- NE
- SD
- ND
- WA
- OR
- ID
- KS
- AR
- MO
- IA
- IL
- IN
- OH
- MI
- WI
- MN
- HI
- AK

States not participating in BIP because they spent more than 50% of LTSS expenditures on non-institutional care:
- DC

Current as of 03/24/2014
Medicaid Health Home State Plan Amendment

- Authorized beginning in 2011
- Provides enhanced federal funding (90% FMAP) for 8 quarters to cover cost of providing identified health home services:
  - Comprehensive Case Management
  - Care Coordination
  - Health Promotion
  - Comprehensive transitional care/follow up
  - Patient & family support
  - Referral to community & social support services
- Can target to specific populations/chronic conditions and geographically
States with at least one approved Health Home State Plan Amendment

- MD
- DE
- NJ
- CT
- RI
- MA
- VT
- NH
- DC


Current as of 03/24/2014
Money Follows the Person (MFP)

- Authorized initially in 2005; expanded in 2010
- Provides grant funding to assist in transitioning individuals living in institutions back into the community
- Next to “traditional” Medicaid home and community based services 1915(c) waivers, most widely deployed strategy across the states

Source: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Balancing/Money-Follows-the-Person.html
HCBS 1915(i) State Plan Amendment

- Authorized initially in 2005; modified and expanded in 2010
- Allows provision of HCBS services under Medicaid State Plan rather than requiring a waiver
- Individuals must meet state defined criteria and state can target specific populations
- Services must be available statewide
- Number served cannot be capped as can be done in HCBS waiver
- Quality assurance, monitoring and improvement strategy for benefit is required

States with 1915(i) State Plan Amendments (Home & Community Based Services)

Current as of 03/24/2014
Financial Alignment Model – Duals Demos

• Authorized in 2010; initiated in 2011
• Purposes:
  – Simplify and provide full access to services for those eligible for both Medicare and Medicaid
  – Improve quality of health care and long term services
  – Reduce cost of care and eliminate cost shifting between programs
• Implementation proposals using one or both of the following models:
  – Managed Fee for Services
  – Full risk based Capitation

States Participating in the Duals Demonstration

- NV
- UT
- CO
- NM
- TX
- MT
- NE
- SD
- ND
- WA
- OR
- ID
- KS
- AR
- MO
- WI
- MI
- IL
- OH
- WV
- VA
- NC
- SC
- PA
- NY
- NH
- VT
- ME
- MA
- CT
- RI
- NJ
- NY
- KY
- WV
- VA
- SC
- PA
- NY
- NH
- VT
- ME

- Signed MOU
- Capitated payment model
- Managed FFS payment model
- Withdrawn proposal
- Alternative model

Current as of 03/24/2014
1915(k) Community First Choice Option

- Authorized in 2010; final regulations in 2012
- Enhanced federal support (+6% FMAP) for home and community based attendant/personal care services for Medicaid recipients below 150% of poverty and meeting institutional level of care
- Must include health related tasks of hands-on assistance, supervision and/or cueing
- May include transition costs and services to increase independence or substitute for human assistance
- For first 12 months, State must maintain or exceed level of expenditures for attendant services under State plan, waivers or demonstrations for preceding 12 month period
