

Opportunities to Advance Lifespan Respite: Managed Long-Term Services and Supports and Affordable Care Act Options

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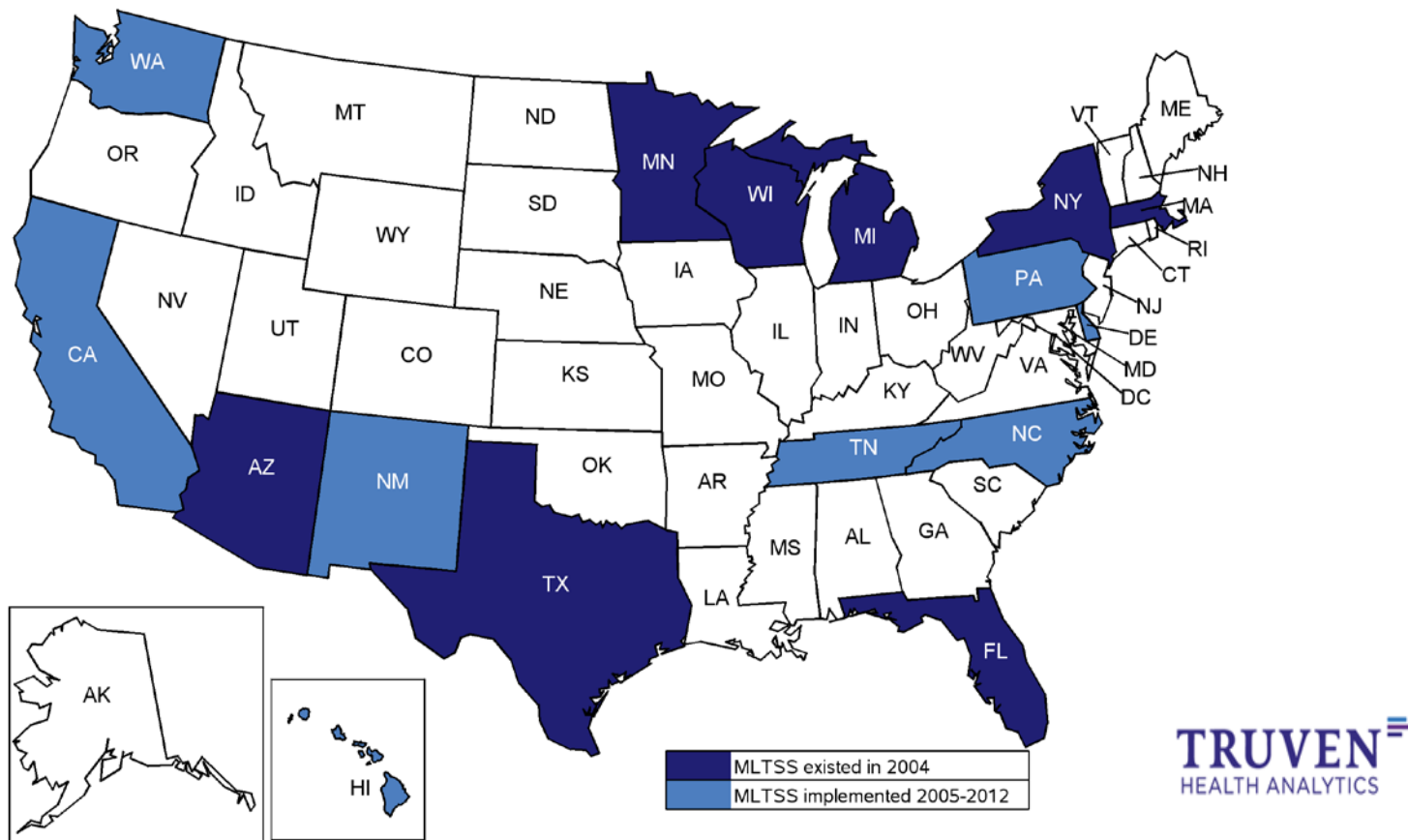


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Overview

- Managed Long-Term Services and Supports
 - Background
 - Opportunities to Strengthen Lifespan Respite
- Affordable Care Act Options
 - Balancing Incentive Program
 - 1915(i) HCBS State Plan Option
 - 1915(k) Community First Choice Option

States with MLTSS Grew from 8 to 16 between 2004 and 2012



Saucier, P., Kasten, J., Burwell, B., & Gold, L. (2012)

MLTSS Programs are Diverse

- Geographic Reach
 - Statewide versus targeted regions
- Enrollment
 - Voluntary versus mandatory
- Populations and Services
 - Targeted populations, services, and carve outs
- Types of MCOs
 - For-profit, non-profit, public/quasi-public

Recent Trends

- Statewide
- Mandatory programs
- In conjunction with duals integration efforts
- National for-profit MCOs
 - UnitedHealthcare, Amerigroup, Centene, Molina
- Driven largely by state budgets
- Quick implementation timelines

Duals Demonstrations



Blue: Memorandum of Understanding (MOU) pending

Red: Proposal withdrawn

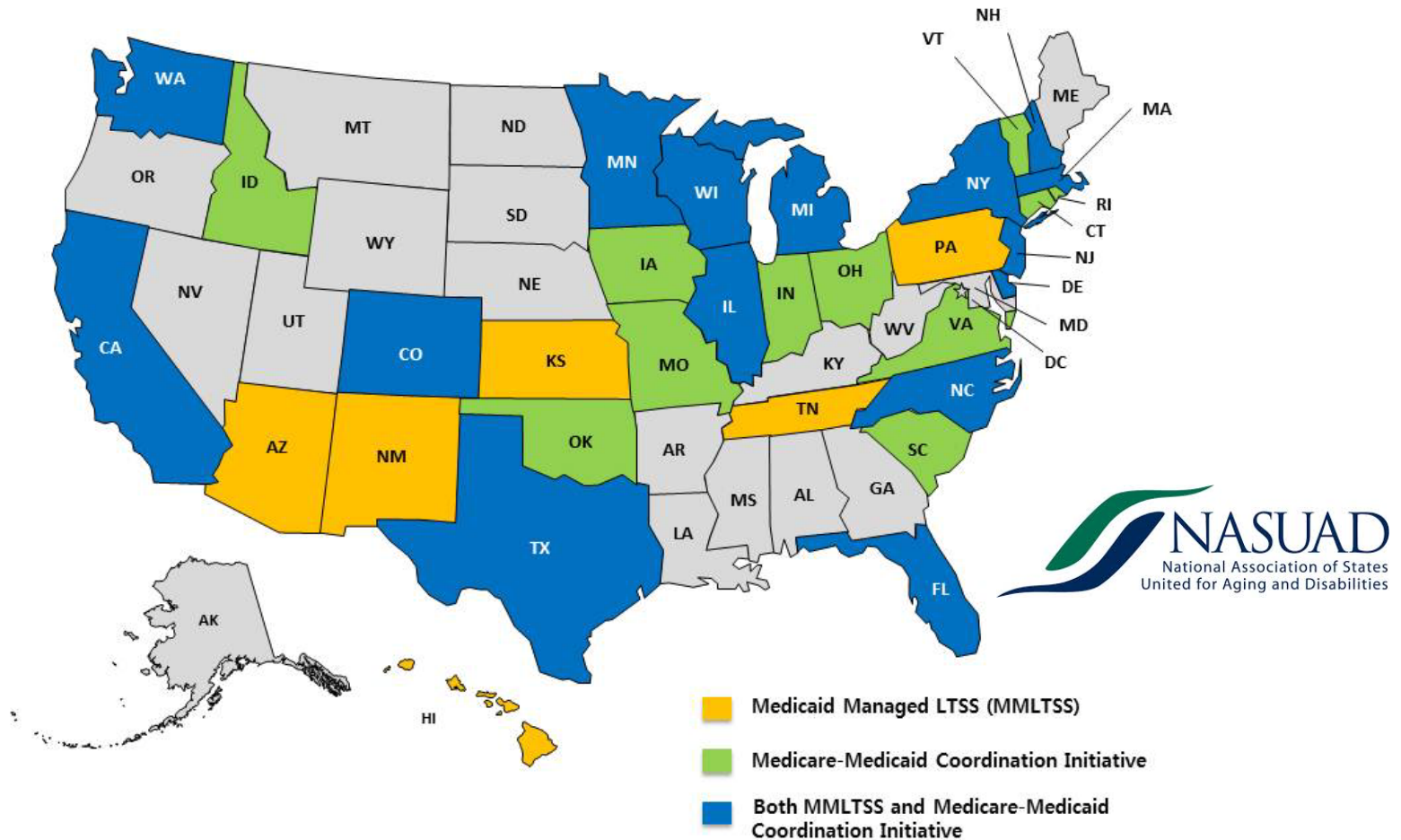
Yellow: Signed MOU



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Half of States Could Have MLTSS Programs Within Next Year

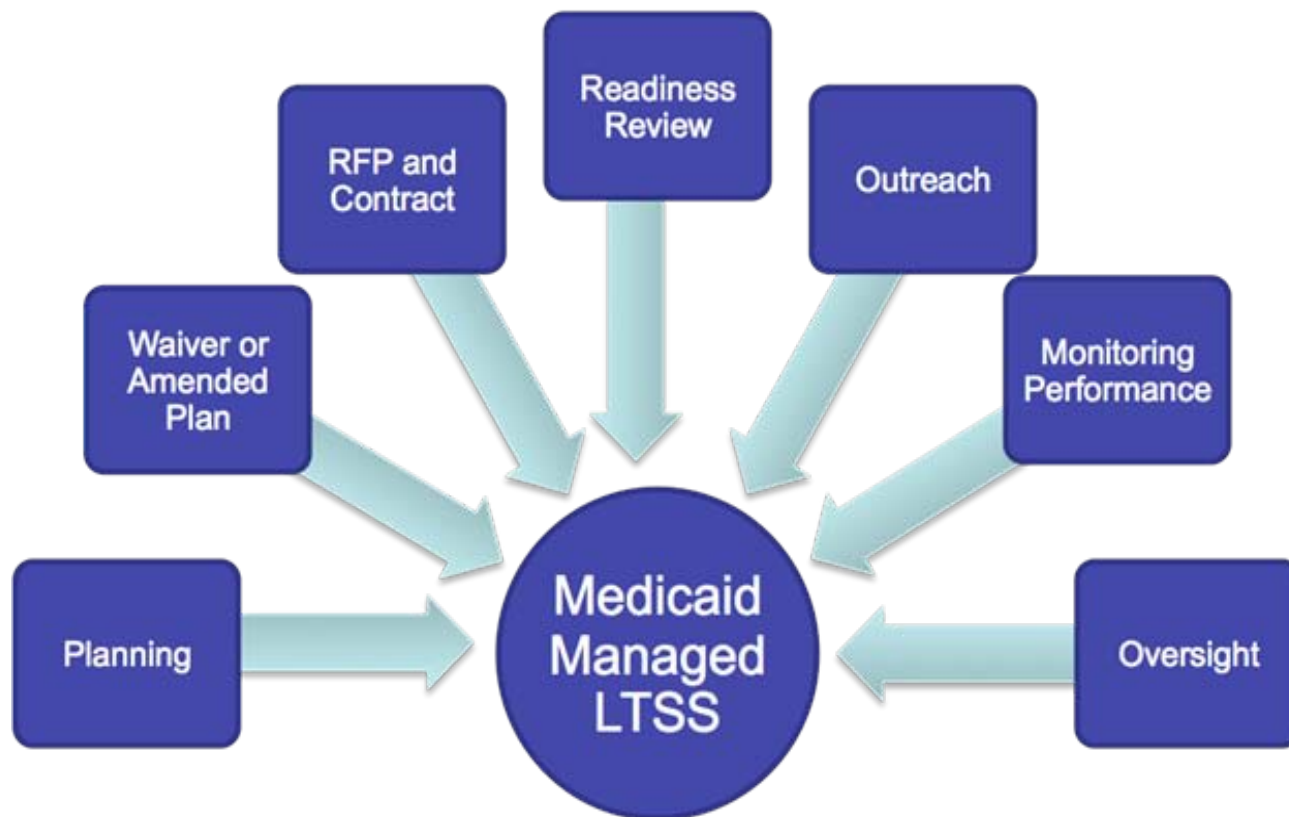


NASUAD State Medicaid Tracker, July 2013

Opportunities to Strengthen Lifespan Respite

- 1) Overall Vision of MLTSS Program
- 2) Contracts and Networks
- 3) Added Benefits Provided by MCOs
- 4) Quality and Performance Measures

Importance of Being at the Table Early and Maintain Ongoing Engagement



Vision of MLTSS Program

- A clear vision for the program is essential for stakeholder buy-in
- What are the goals?
 - Improve care coordination and prevention?
 - Reduce ER visits and hospitalizations?
 - Promote rebalancing and self-direction?
 - Reduce waiting lists and improve access to HCBS?
- To what extent is family support/respite included in this vision?

Wisconsin Family Care

Values of Family Care Program

- **CHOICE** – Give people better choices about the services and supports available to meet their needs.
- **ACCESS** – Improve people's access to services.
- **QUALITY** – Improve the overall quality of the long-term care system by focusing on achieving people's health and social outcomes.
- **COST-EFFECTIVENESS** – Create a cost-effective long-term care system for the future.

Contracts and Networks

1) Requirements of MCOs in Contracts

- State Legislature or Medicaid office can require contracting or coordination with certain entities
 - Opportunities for Lifespan Respite?

2) MCOs purchasing services from aging and disability networks

- ACL awards to help build the business capacity of the aging and disability networks
 - Assessment, options counseling, case management, bundled services

Contracts and Networks

- How to market what lifespan respite structures can offer to MCOs?
 - Information and referral to respite services across funding streams and populations
 - Assessment of caregiver needs
 - Caregiver training and support interventions
 - Training of respite workforce

Added Benefits Provided by MCOs

MCOs typically provide added benefits

- Attract consumers who have choice of plans
- Preventative benefits
- Cost-effective benefits that can save money

Make the case for respite

- Connection between health and well-being of caregiver and individual
- Reduced ER visits, hospitalizations, out-of-home placement for individual

Examples of Added Benefits: Kansas

AMERIGROUP	SUNFLOWER	UNITED HEALTHCARE
Dental care	Dental care	Dental care
Debit card credits for health checkups and screenings	Debit card credits for health checkups and screenings	Gift cards for health checkups and screenings
Cell phones and minutes	Cell phones and minutes	Cell phones and minutes
Health promotion programs (Stop smoking, Lose weight, Get a GED, Improve relationships)	Community Programs for Healthy Children; Membership fees to Boys & Girls Clubs , Brownie Badge Programs for kids	Sesame Street programs for kids; YMCA, Boys and Girls Clubs and 4-H; Free Weight Watchers classes for adults.
Financial Assistance with over-the-counter medicines; Free pest control	Personal support for members with a developmental disability or mental illness for doctor visits; Pet therapy visits; In-home tele-monitoring.	Additional vision care services, glasses, frames, contacts; Additional foot doctor visits.

Examples of Added Benefits: Kansas

AMERIGROUP	SUNFLOWER	UNITED HEALTHCARE
<p>Free caregiver transportation to doctor visits for all waiver groups;</p> <p>Respite care for caregivers of Frail Elderly waiver members and extra respite care for members of Autism, Developmental Disability and Serious Emotional Disturbance waiver groups</p>	<p>Peer and family support services for members with mental illness or disabilities to help them live in their community</p>	

Quality and Performance Measures

- 1) Quality measures and performance measures that could promote respite
- 2) Outcome measures that include caregiver needs and perspectives
- 3) External evaluations of MLTSS Programs

Tennessee CHOICES Program

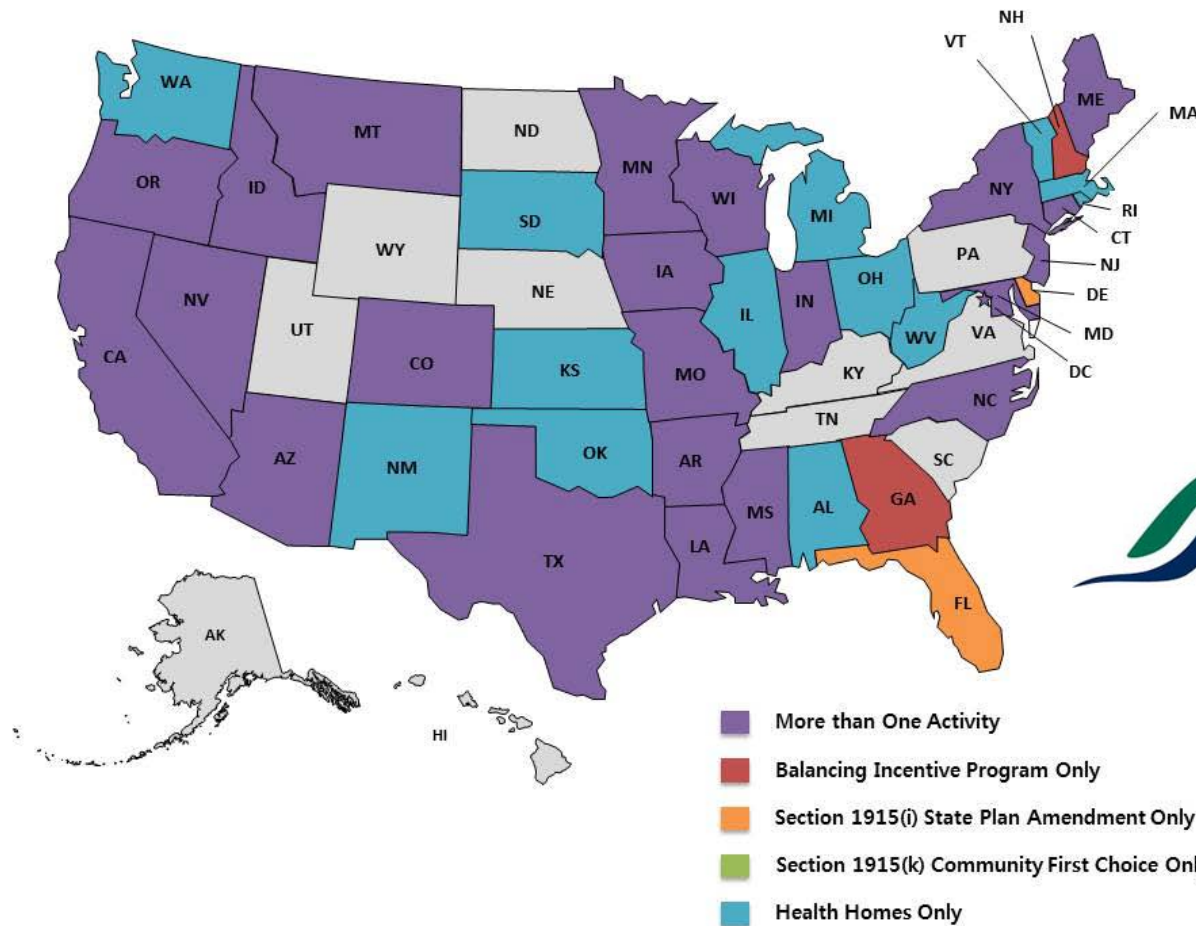
Covered Services:

- In-home respite care (up to 216 hours per calendar year); In-patient respite care (up to 9 days per calendar year)

Reporting Requirement:

- The number and percent of member receiving consumer-directed services by type of consumer-directed service (attendant care, companion care, homemaker, in-home respite, or personal care)

Affordable Care Act Opportunities



Balancing Incentive Program

- Eligibility
 - States spending less than 50% of their total Medicaid LTSS expenditures on non-institutional LTSS (based on Fiscal Year 2009).
 - States spending between 25-50% are eligible for a 2% enhanced FMAP for these services.
- States must develop a work plan to rebalance and make the following structural changes:
 - No wrong door – single entry point system;
 - Conflict free case management; and
 - Core standardized assessment instruments.

Balancing Incentive Program

- 16 states have been awarded
- At least 20 other states are eligible
- Must apply by August 1, 2014
(program runs through September 30, 2015)
- A total of \$3 billion provided for the program
(approximately \$1.7 billion awarded so far)
- States have a lot of flexibility in how they spend additional funding to promote rebalancing towards targeted goals
 - Expansion of availability of respite and Lifespan Respite structure could fit within plan.

At least 22 States Still Eligible for BIP

State	% HCBS	State	% HCBS	State	% HCBS
New Mexico	83.2%	Idaho	46.2%	South Carolina	38.4%
Oregon	72.3%	Rhode Island	46.0%	Georgia	37.4%
Minnesota	67.9%	Massachusetts	44.8%	Maryland	36.8%
Arizona	69.3%	Connecticut	44.1%	Louisiana	36.4%
Vermont	64.9%	Utah	43.9%	Delaware	35.2%
Alaska	62.7%	North Carolina	42.9%	Florida	34.2%
Washington State	62.1%	Hawaii	42.7%	Michigan	33.0%
Colorado	58.1%	Virginia	42.5%	Pennsylvania	33.0%
California	55.2%	Tennessee	42.4%	Ohio	32.5%
Kansas	54.7%	Nevada	41.6%	Kentucky	31.1%
Wisconsin	52.1%	Oklahoma	41.5%	Indiana	30.6%
Wyoming	50.8%	New Hampshire	40.7%	Arkansas	29.8%
Washington DC	50.3%	Missouri	40.7%	Alabama	29.7%
Maine	49.1%	South Dakota	40.5%	North Dakota	28.9%
Montana	47.2%	West Virginia	40.0%	Illinois	27.8%
Texas	46.9%	Iowa	39.8%	New Jersey	26.0%
New York	46.7%	Nebraska	38.4%	Mississippi	14.4%

- Yellow = States Eligible
- Green = States with Awards



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Annual Estimates of What States Could Receive

Alabama	\$ 13,892,722	Louisiana	\$ 20,401,817	Ohio	\$ 52,901,809
Alaska	\$ -	Maine	\$ 8,258,475	Oklahoma	\$ 12,768,452
Arizona	\$ -	Maryland	\$ 20,675,392	Oregon	\$ -
Arkansas	\$ 11,517,412	Massachusetts	\$ 39,261,756	Pennsylvania	\$ 64,667,009
California	\$ -	Michigan	\$ 24,243,084	Rhode Island	\$ 5,746,839
Colorado	\$ -	Minnesota	\$ -	South Carolina	\$ 12,481,393
Connecticut	\$ 33,997,559	Mississippi	\$ 15,665,102	South Dakota	\$ 2,802,333
Delaware	\$ 3,283,510	Missouri	\$ 20,966,447	Tennessee	\$ 21,303,044
Florida	\$ 41,889,982	Montana	\$ 3,518,494	Texas	\$ 63,132,198
Georgia	\$ 19,415,080	Nebraska	\$ 6,931,302	Utah	\$ 4,005,630
Hawaii	\$ 3,775,891	Nevada	\$ 3,716,498	Vermont	\$ -
Idaho	\$ 4,195,978	New Hampshire	\$ 5,964,091	Virginia	\$ 20,510,822
Illinois	\$ 30,682,362	New Jersey	\$ 40,589,497	Washington	\$ -
Indiana	\$ 22,828,507	New Mexico	\$ -	Washington DC	\$ -
Iowa	\$ 13,095,304	New York	\$ 217,200,572	West Virginia	\$ 9,660,963
Kansas	\$ -	North Carolina	\$ 35,186,258	Wisconsin	\$ -
Kentucky	\$ 13,965,713	North Dakota	\$ 3,481,756	Wyoming	\$ -

Data source: Center for Medicaid and Medicare Services, Patient Protection and Affordable Care Act, Section 10202, State Balancing Incentive Payment Program, Initial Announcement, Attachment C.
<http://www.cms.gov/smdl/downloads/Final-BIPP-Application.pdf>

HCBS State Plan Option 1915(i)

- HCBS State Plan Option
 - Can provide HCBS to individuals who do not meet an institutional level of care need
 - Flexibility to target subpopulations
 - Flexibility to choose services included
 - Cannot maintain waiting lists or caps

HCBS State Plan Option 1915(i)

- States are beginning to use this option creatively to expand services
 - CA, CO, CT, DC, DE, FL, IA, ID, IN, LA, MD, MN, MT, NC, NV, OR, WI
 - States can submit multiple 1915(i) amendments targeting different populations and providing different services
 - Many states including respite in a more limited benefit package, particularly to populations not eligible for 1915(c)HCBS waiver

Community First Choice Option 1915(k)

- State plan option to provide personal attendant services and supports to individuals who meet an institutional level of care
 - Hands-on, supervision, and cueing assistance with activities of daily living and health-related tasks
 - Also includes some other services and transition costs
- Requires person-centered planning and options for self-direction
- Provides a 6% enhanced federal match for services that continues indefinitely

Community First Choice Option 1915(k)

- Two states have been approved (CA, OR) and upwards of a dozen are considering
- Implications
 - Could significantly expand services to individuals on waiting lists and allow paid family caregivers
 - Part of larger system change efforts in states
 - Need to be vigilant that respite remains available through other Medicaid options

Additional Resources

- For more information on ACA Opportunities (BIP Applications and Work Plans, Technical Assistance on BIP): <http://www.medicaid.gov>
- Friday Morning Collaborative webinars (many archived webinars on Managed LTSS and ACA Opportunities):
www.ncoa.org/HCBSwebinars

Contact Information

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