

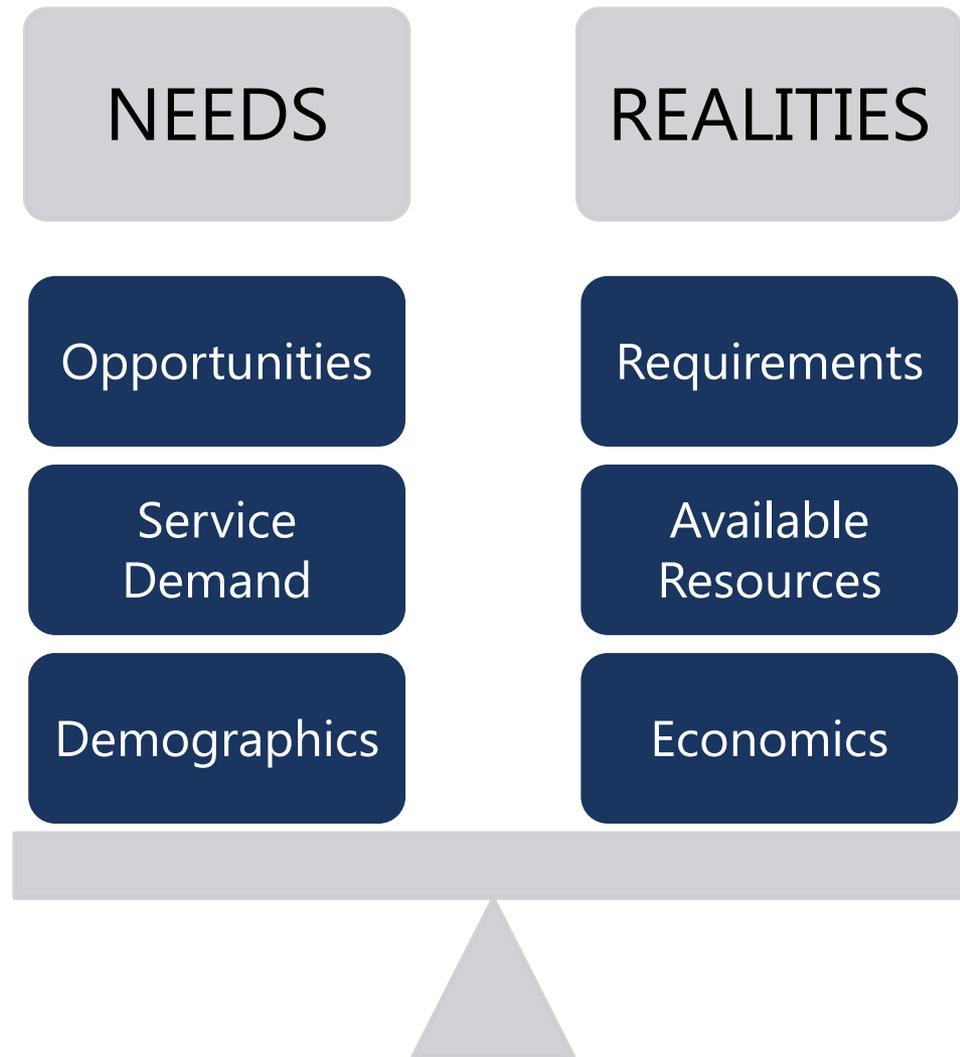
Pennsylvania Long Term Care Commission Long Term Services and Supports: A State Perspective

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State Government Perspective



One State Journey – Washington State

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

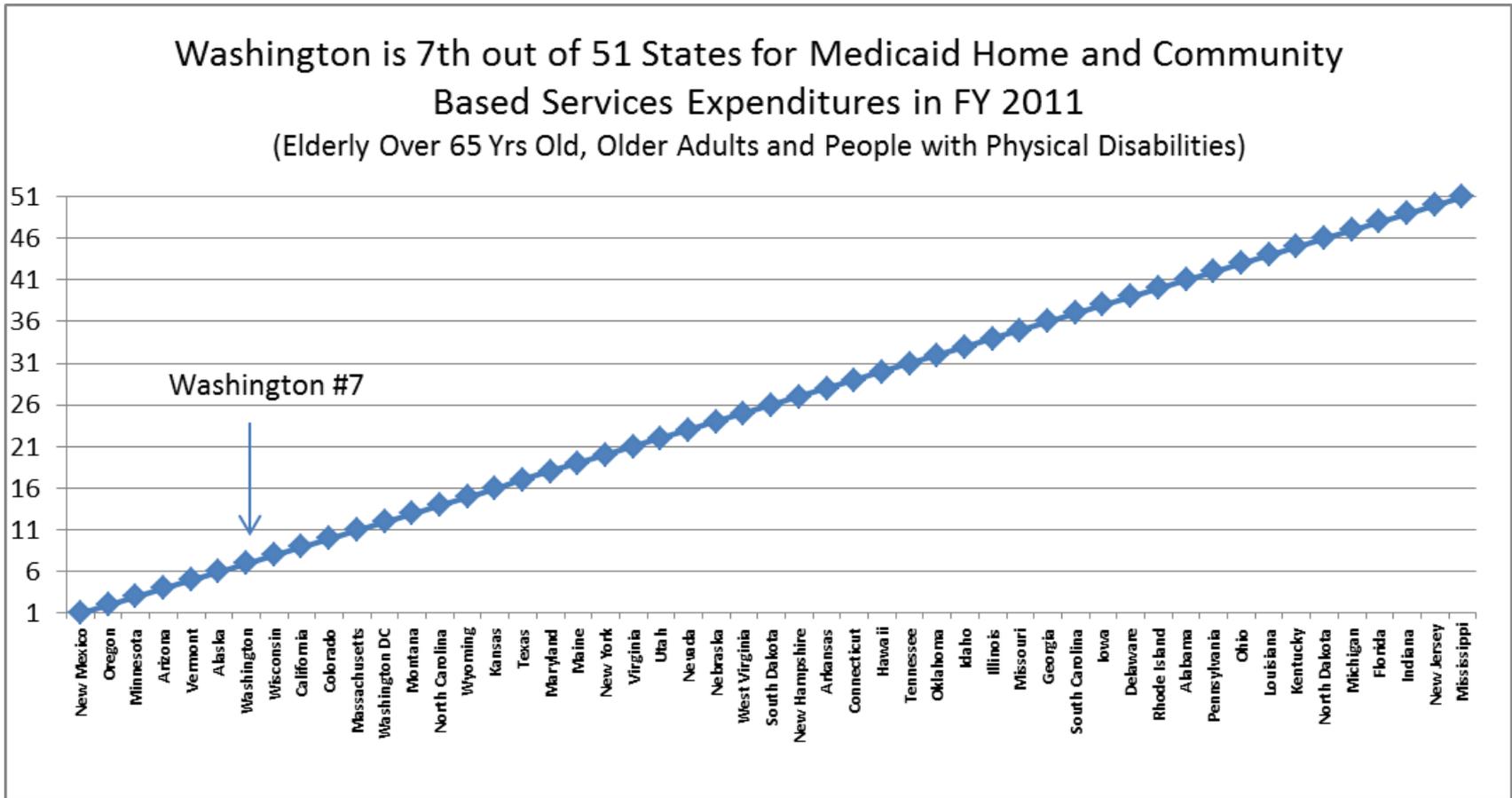
Home and Community Services Recipients

2002: 33,230

2014: 50,200

Source: Washington State Caseload Forecast Council, Available at: http://www.cfc.wa.gov/HumanServices_LTC_HCS_Total.htm and http://www.cfc.wa.gov/HumanServices_LTC_HCS_NH.htm

Re-Balancing Results



Source: WA DSHS, ALTA, Fact Sheet: How Washington Ranks Nationally in Nursing Home Rates and Home and Community Expenditures, Jan. 2014; available at: <https://fortress.wa.gov/dshs/adsaapps/about/factsheets/>

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**

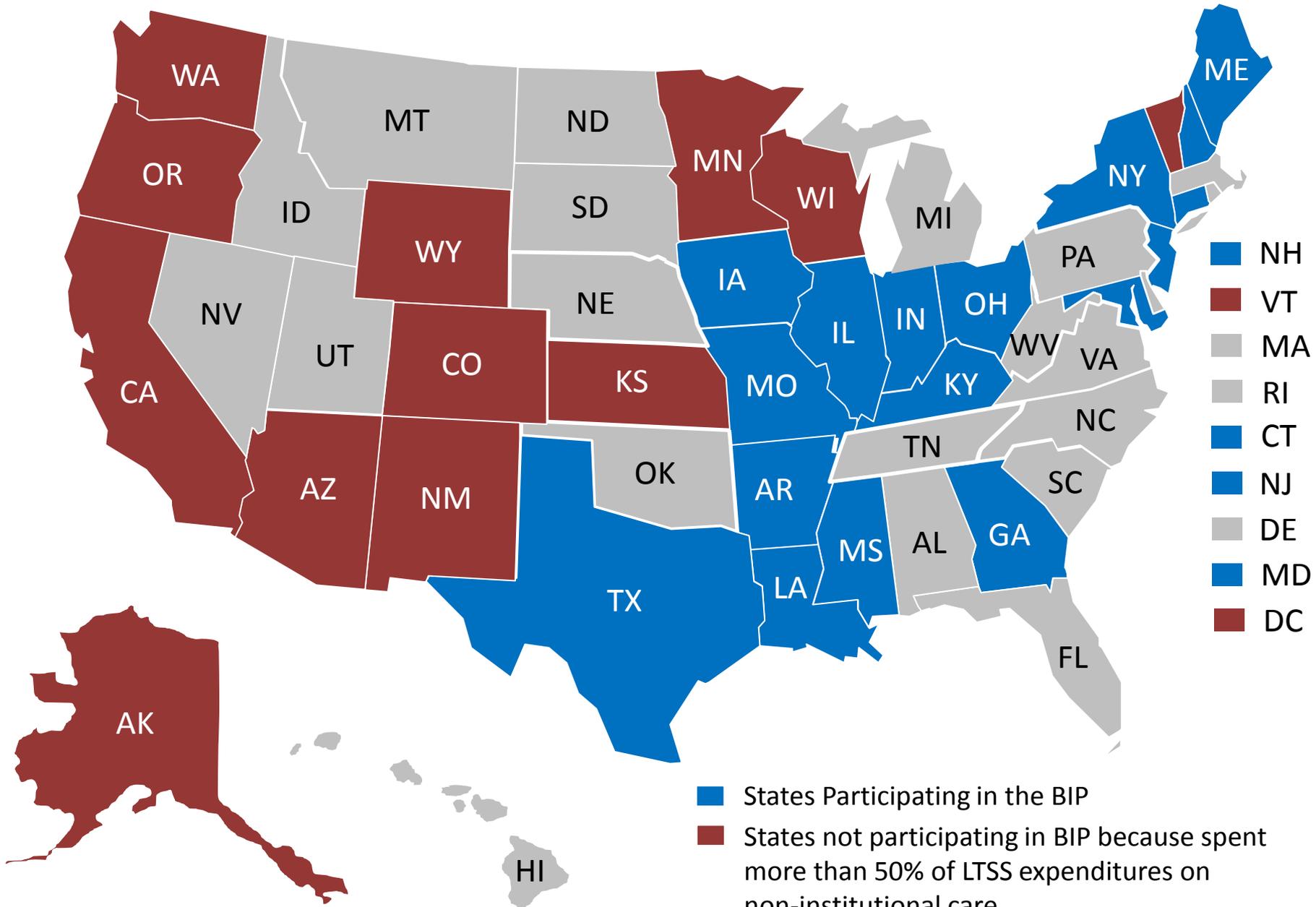
What Recent Strategies are States Pursuing?

Balancing Incentive Program (BIP)

- Authorized from Oct. 2011 – Sept. 2015
- 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/singe 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>

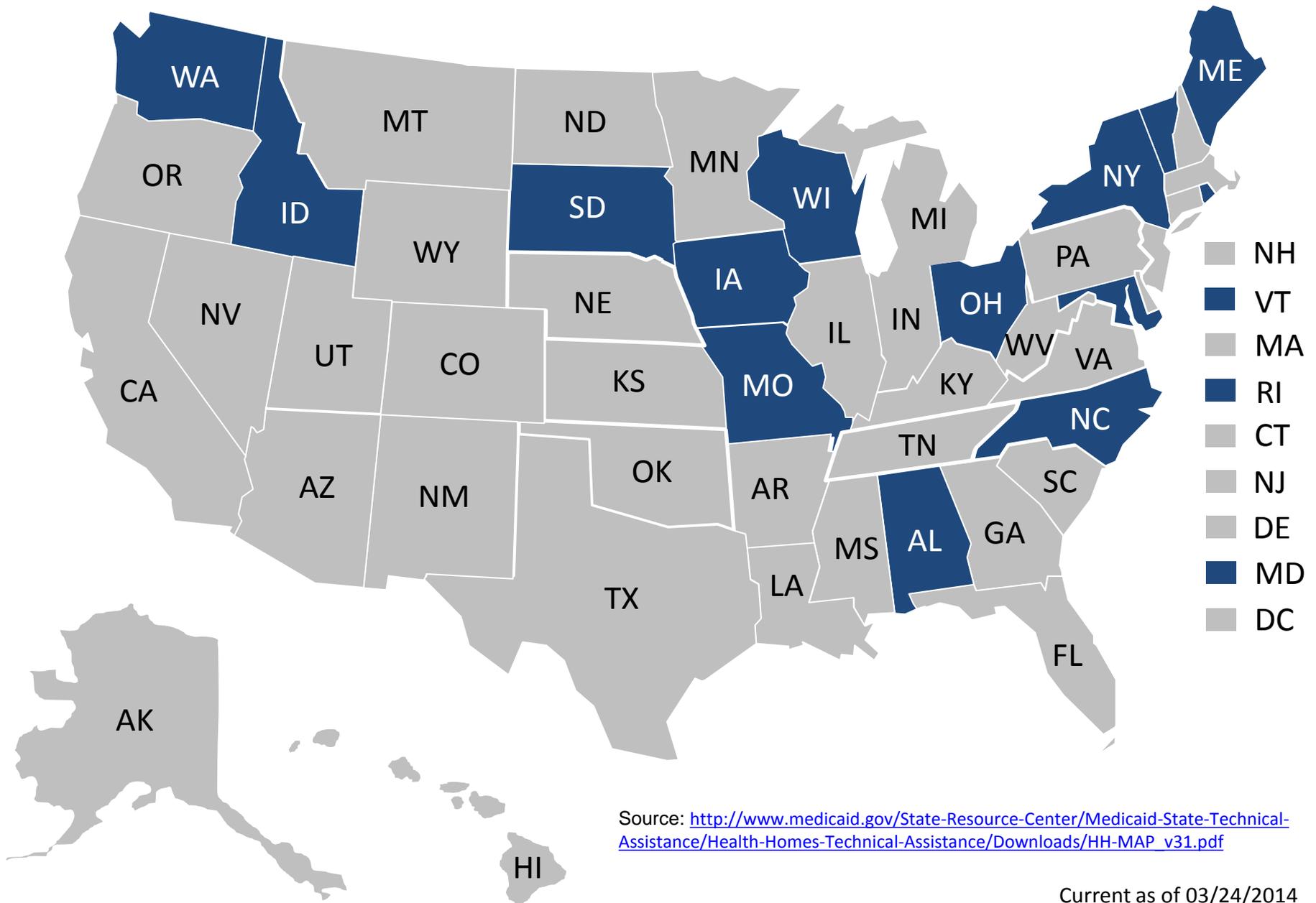
States Participating in the Balancing Incentives Program (BIP)



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

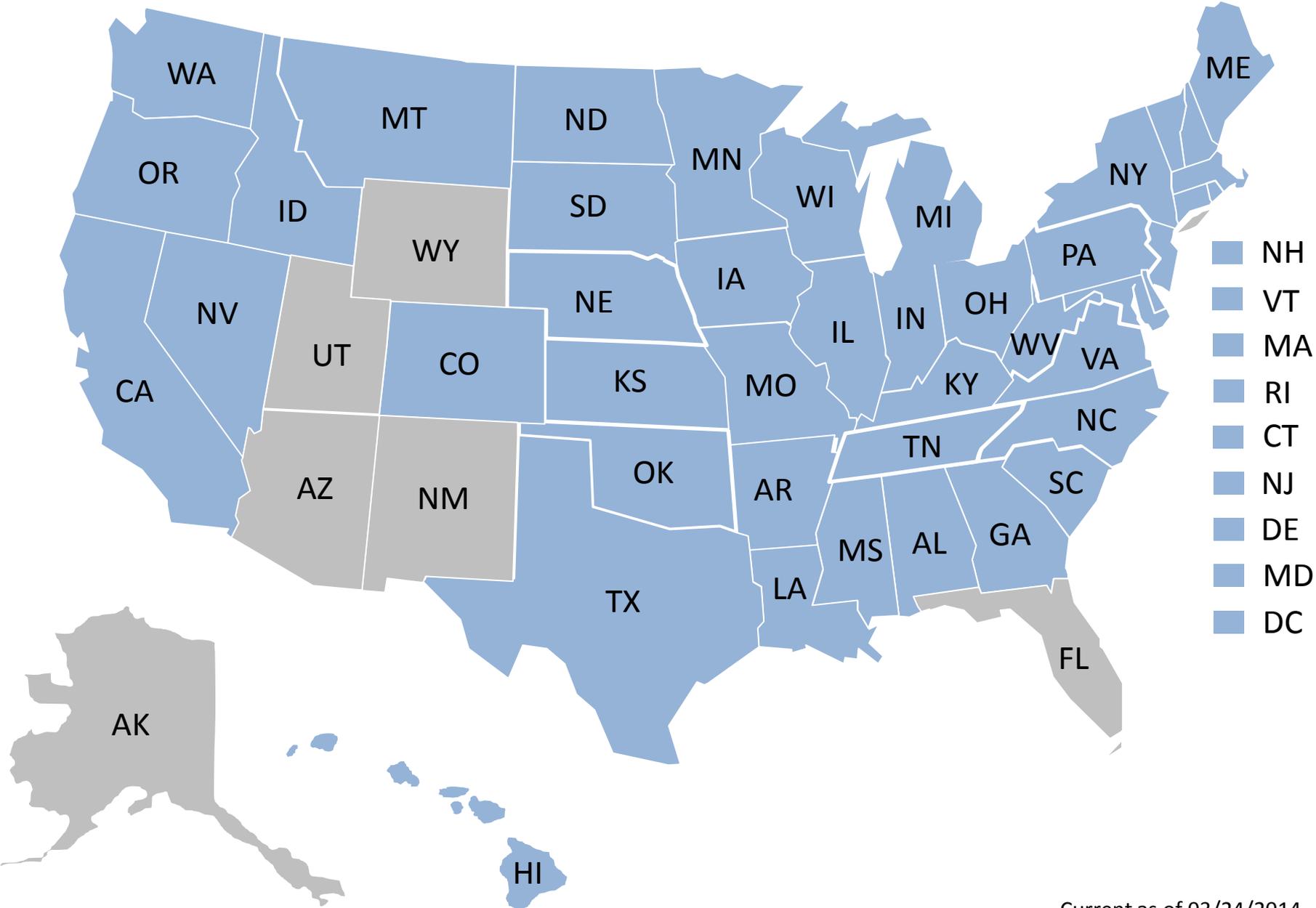


Money Follows the Person (MFP)

- 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>

States Participating in Money Follows the Person Demonstrations



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

Source; <http://www.nasuad.org/sites/nasuad/files/20131115%20October-November%202013%20Integration%20Tracker.pdf>

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

Source: <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/FinancialModelstoSupportStatesEffortsinCareCoordination.html>

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

Source; <http://www.nasuad.org/sites/nasuad/files/20131115%20October-November%202013%20Integration%20Tracker.pdf>

States with 1915(k) State Plan Amendments (Community First Choice)

