Long Term Care Reform Workgroup

December 8, 2011
Agenda

Balancing Incentive Payments Program
- CMS Technical Assistance Updates
- Core Standardized Assessment

Community First Choice
- CMS Technical Assistance Updates
- Implementation Council

Draft Legislative Report

Next Steps
BIPP Updates

- Submitted questions to CMS
- Received written feedback and participated in a conference call with CMS technical assistance contractors Human Services Research Institute (HSRI) and Mission Analytics
BIPP Updates – Financial

- Received CMS assurance that Maryland is eligible to apply for a 2% enhanced match based on the Federal Fiscal Year (FFY) 2009 LTSS spending percentages included in BIPP Application
  - Maryland’s calculated percentage in the BIPP Application was 36.8%
  - Services included in this percentage are waiver programs (including DD waivers), home health and personal care expenditures.
BIPP Updates – Financial

- New FFY 2010 LTSS spending numbers were released in November that reflect Maryland at 52% of all LTSS spending in the community.
- Difference between FFY09 and FFY10 data is the inclusion of Private Duty Nursing and Non-School Based Rehabilitation Services.
- States can negotiate with CMS regarding which services to include in the calculation of LTSS spending in the community.
BIPP Updates – Financial

- All services included in the BIPP percentages
  - Are eligible to receive the 2% enhanced match
  - Must comply with BIPP provisions
    - Conflict-free case management
    - Standardized assessment instrument
- We are currently working with our Office of Finance to evaluate eligible services
- Will continue to seek technical assistance and guidance from CMS on the calculations
BIPP Updates – Financial

- 2% enhanced match
  - Effective beginning on the first day of the next full quarter after the application is approved
  - Can fund State staffing and administrative costs for the purposes of providing new or expanded offerings of HCBS
BIPP Updates - Other

- Limited funding is available for the duration of BIPP through a competitive application process.
  - Maryland intends to apply early before $3 billion investment is obligated to other states
- The Department will complete and submit an application with the expectation to begin receiving an enhanced match on HCBS services beginning April 1, 2012.
- Beginning discussions with partners regarding application submission (MDoA, DDA, MHA, DHR, MDOD)
- Stakeholder feedback on application and parameters of structural changes will be gathered through expanded Rebalancing: MFP/BIPP meetings
Rebalancing: MFP/BIPP Meeting

January 10th Agenda

- Noon – 1 p.m. MFP Topics
  - Operational Protocol Submission
  - Options Counseling and Peer Support Changes

- 1 p.m. – 3 p.m. MFP/BIPP Shared Topics
  - Single Entry Point (Maryland Access Point)
  - Core Standardized Assessment
  - Conflict-Free Case Management
  - Updates on CFC
BIPP Assessment Requirements

Assessment data

• is captured Statewide for all populations seeking community LTSS.
• includes a Level I screen/Level II assessment process across populations.
  • Level I screen is available for completion in person or over the phone.
  • Level II assessment is completed in person, with the assistance of a qualified professional.
• is used to determine eligibility, identify support needs, and inform service planning.
Stage 1 – Initial Entry Point / Level 1 Screen

1-800 #

Website

No-Wrong Door / Single Entry Point

Level 1 Screen - Preliminary Functional and Financial Assessment

Individual found to be potentially eligible for community LTSS and referred to Stage 2
Stage 2: Streamlined Eligibility and Enrollment Process

Individual found to be potentially eligible for community LTSS and referred to Stage 2

- Level 2 Functional Assessment:
  No-wrong door and single entry point agencies collect other functional assessment data.

- Level 2 Financial Assessment:
  No-wrong door and single entry point supports the person in submitting a Medicaid application.

Individual is considered functionally and financially eligible for community LTSS
BIPP Assessment Requirements

- Required domains
  - Activities of Daily Living (ADLs)
  - Instrumental Activities of Daily Living (IADLs)
  - Cognitive function and memory/learning difficulties
  - Medical conditions
  - Behavior difficulties
Figure 4-4: Core Dataset: Required Domains and Topics for a CSA

1. Activities of Daily Living
   - Eating
   - Bathing
   - Dressing
   - Hygiene
   - Toileting

   - Mobility (in/out of home)
   - Positioning
   - Transferring
   - Communicating

2. Instrumental Activities of Daily Living (not required for children)
   - Preparing Meals
   - Shopping
   - Transportation
   - Managing Medications
   - Housework
   - Managing Money
   - Telephone Use
   - Employment

3. Medical Conditions/Diagnoses

4. Cognitive Function and Memory/Learning
   - Cognitive Function
   - Judgment/Decision-Making
   - Memory/Learning

5. Behavior Concerns
   - Injurious
   - Destructive
   - Socially Offensive
   - Uncooperative
   - Other Serious

Financial Information
BIPP Assessment Recommendations

- 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
BIPP Updates - Assessment

- CMS evaluated 23 instruments as detailed in the BIPP Manual
- Eight of those instruments covered the majority of the required BIPP domains
  - Several of the eight comprehensive assessments were based on the Minimum Data Set for Home Care (MDS-HC) but customized for individual states
- Three assessments were identified as most closely matching the BIPP standards for use across populations
  - Minimum Data Set for Home Care (MDS-HC)
  - Minnesota MnCHOICES
  - Supports Intensity Scale (SIS)
BIPP Updates - Assessment

- These three assessments will be reviewed against the BIPP recommended standards
  - Validity and reliability
  - Ability to automate the assessment process
  - Ability to incorporate the Level I and II screens
  - Quality and utility of data collected

- The optimal assessment will require the least customization and will be the most acceptable to CMS.

- Findings will be presented and discussed in more depth at the upcoming stakeholder meetings on December 12th and 15th
Community First Choice

- The Department submitted questions to CMS in early November.
- Technical Assistance provided on November 21, 2011.
- CMS made aware of Maryland’s intent for the program and clarified details.
- Final regulations are in clearance at CMS but is not available for publication at this time.
  - No updates are available regarding level of care requirements for participation
Clarifications

- **Eligibility**
  - CMS confirmed that CFC does not create a new eligibility category.
  - CFC participants must meet current eligibility levels.
  - Waiver participants are eligible to receive CFC State Plan services.

- **Self-Direction**
  - CMS recommended Maryland review states currently implementing 1915(j) State Plan services regarding self-direction.
  - Under self-direction, there are no federal restrictions on family providers prescribed in current guidance.
  - States may restrict providers of self-directed services.
  - Maryland regulations in State Plan MAPC currently exclude spouses, parents of dependent children, and other legally responsible adults from allowable providers.
Services

- Only the services listed in the proposed regulation are allowable under CFC.
- Certain administrative functions are also eligible for the increased match, such as nurse monitoring, case management, and fiscal intermediary services.
- “Services that increase or substitute for human assistance” can include goods and services as noted in State Medicaid Director’s letter on November 19, 2009.
  - Goods and services must relate to identified goals and needs within the person’s plan of care.
  - For example, small kitchen appliances (such as microwave ovens) and home modifications (such as accessibility ramps).
Implementation Council

- Council Nominations are now closed. We received nominations for
  - Medicaid Participants
  - Paid Providers
  - Advocates
  - State and County Staff
- Consumers or their representatives must make up a majority of the implementation council.
- We are currently reviewing applications and will conduct brief phone interviews with certain applicants.
- Council membership will be announced by January 1st.
- Additional stakeholders will be able to provide feedback by participating in meetings during public comment sessions.
Draft Legislative Report

- Comments and discussion
Next Steps

- **Public Stakeholder Meetings on the Core Standardized Assessment**
  - December 12 or 15, 2011 at DHMH, Room L3 from 1 p.m. to 4 p.m.
    - The same content and agenda will be covered in each meeting.
    - See flyer for call-in and web conference options.

- **Rebalancing: MFP and BIPP Joint Meeting**
  - January 10, 2012 at DHMH, Room L3 from noon to 3 p.m.

- The first Community First Choice Implementation Council meeting will be held in January after members are contacted for their availability.