



analysis to advance the health of vulnerable populations

Medicaid Long-Term Services and Supports in Maryland: Money Follows the Person Metrics

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Introduction

- To better understand the diverse characteristics of Money Follows the Person (MFP) participants, researchers should draw on complimentary data sources
- While building a set of evaluation metrics for Maryland's MFP program, Hilltop combined administrative data from the Medicaid Management Information System (MMIS) and assessment information from the nursing home Minimum Data Set (MDS) at the recipient level

Introduction continued

- These data can help MFP program managers appropriately target clients, identify specific characteristics associated with successful or unsuccessful transitioning, and promote individualized transitions planning

Data Sources

Medicaid Management Information System (MMIS2)

- This system contains person-level data for all individuals eligible for Medicaid services in Maryland during the relevant fiscal year (FY), including Medicaid eligibility category and fee-for-service claims.
- Hilltop acts as a secondary data repository for these data, and claims and eligibility files for FYs 2005 - 2010 were used for this analysis.

Data Sources continued

Minimum Data Set (MDS 2.0)

- The MDS, a federally mandated collection of clinical assessment tools, gathers a vast array of information on the health and functional status of nursing home residents.
- Containing over 300 variables, the MDS was used to supply information on discharge preference.

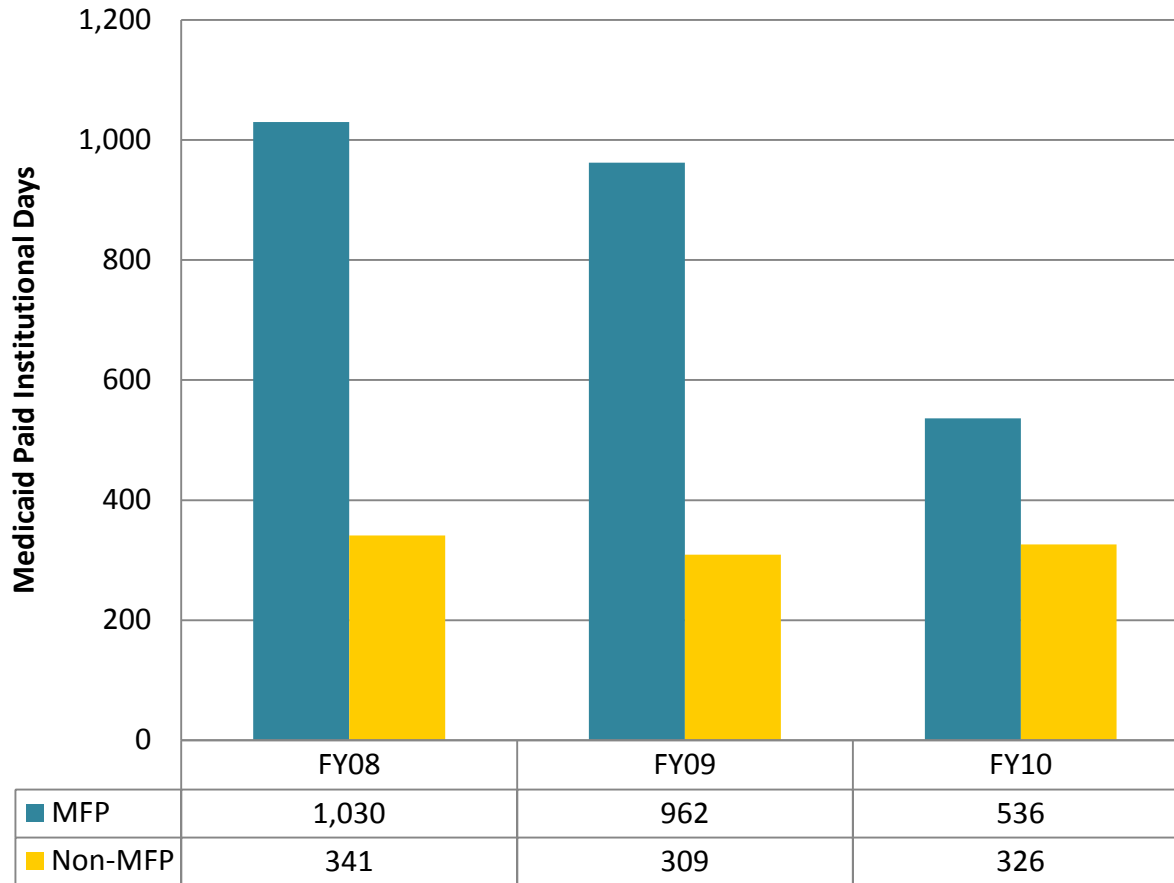
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Data Sources continued

Minimum Data Set (MDS 2.0) ...

- Full assessments (which contain every data element) are completed on admission and after every full year of a stay, while partial assessments occur every three months.
- Hilltop acts as a secondary data repository for these data.
- Claims and eligibility files for FYs 2005 - 2010 were used for this analysis.

Medicaid Length of Stay for Community Transitions, All Settings

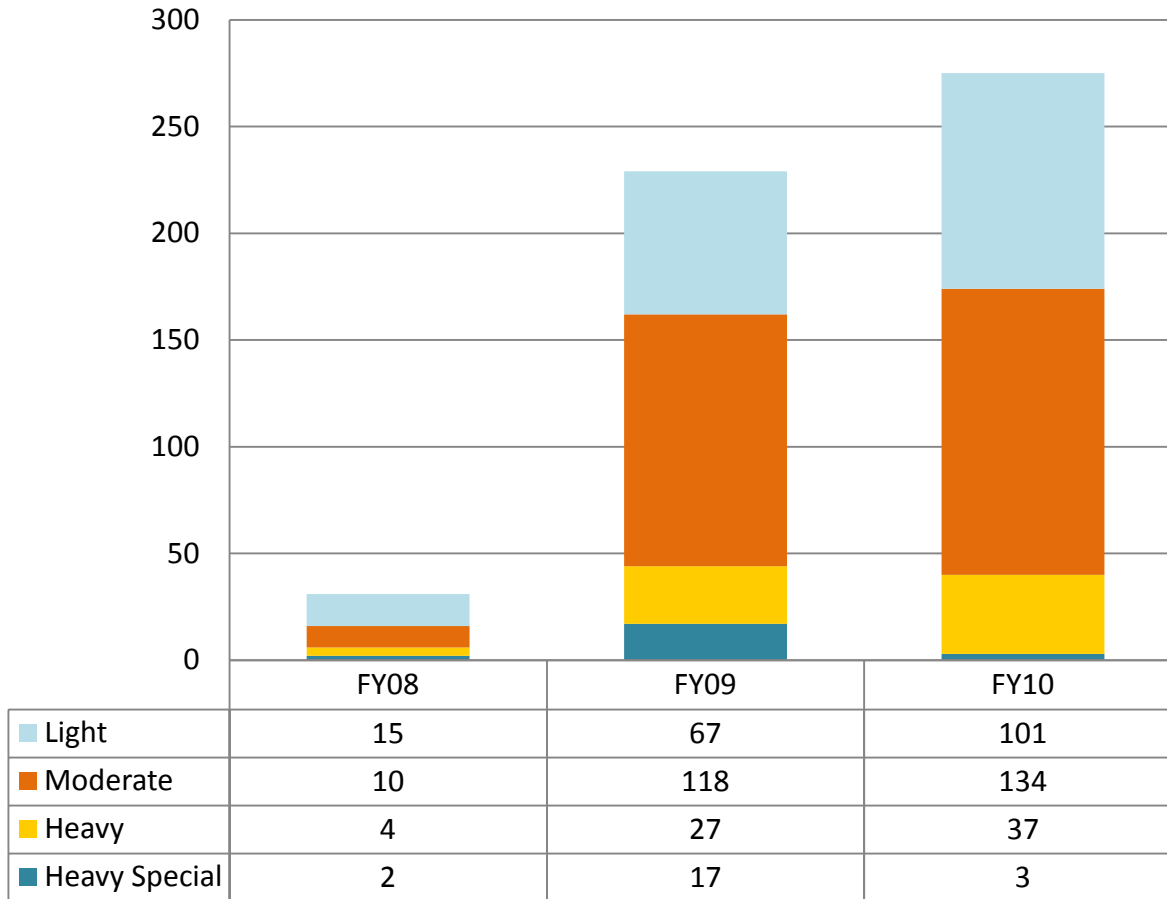


Individuals transitioning to the community under MFP have historically had longer lengths of stay than those transitioning to HCBS without MFP participation. In FY 2008, MFP participants had lengths of stay about three times longer than their non-MFP counterparts, with the gap narrowing to less than twice as long in FY 2010.

Note: This chart illustrates the number of continuous Medicaid paid institutional days for individuals who had at least one Medicaid paid day in one of the following settings: Nursing Facility, Chronic Hospital, State Residential Center, or Institute for Mental Disease and either enrolled in a waiver program or used some other home health service. Nursing Facility users must have also had a valid Medicaid level of care designation.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY2008 – FY2010

Nursing Facility Level of Care for MFP Transitions



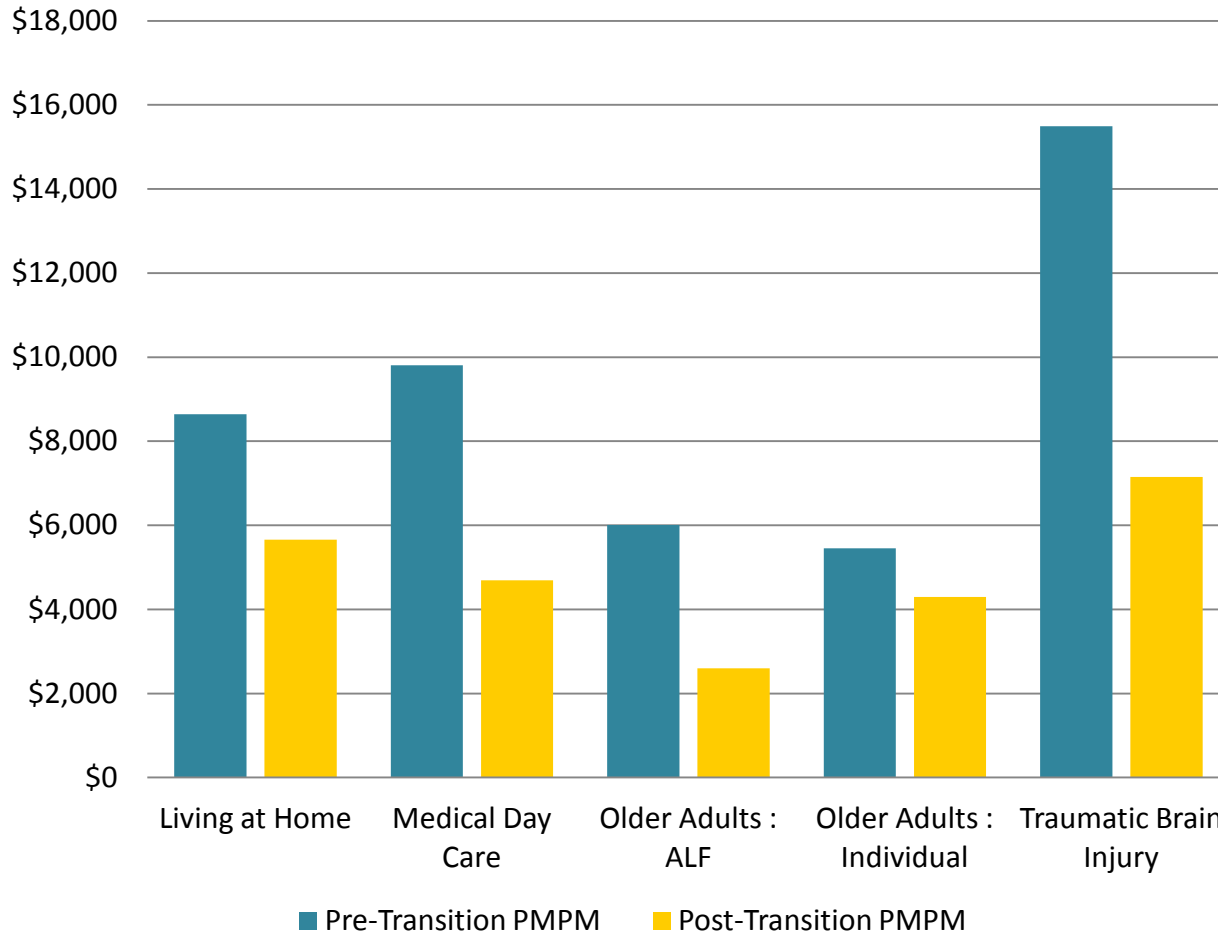
The distribution of nursing facility levels of care has varied over the course of the MFP program, with a higher percentage of individuals with “light” and “heavy” levels of care in FY 2010 when compared to FY 2009. MFP participants are, on average, lower acuity than all nursing home residents, where 12% of individuals were classified as “light,” 42% as “moderate,” 35% as “heavy,” and 11% as “heavy special” in FY 2009.

Note: This chart illustrates the number of individuals who had at least one Medicaid paid day in a Nursing Facility and participated in the MFP program. Nursing Facility users must have also had a valid Medicaid level of care designation.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY2005 – FY2010

Average Per Member Per Month Medicaid Expenditures

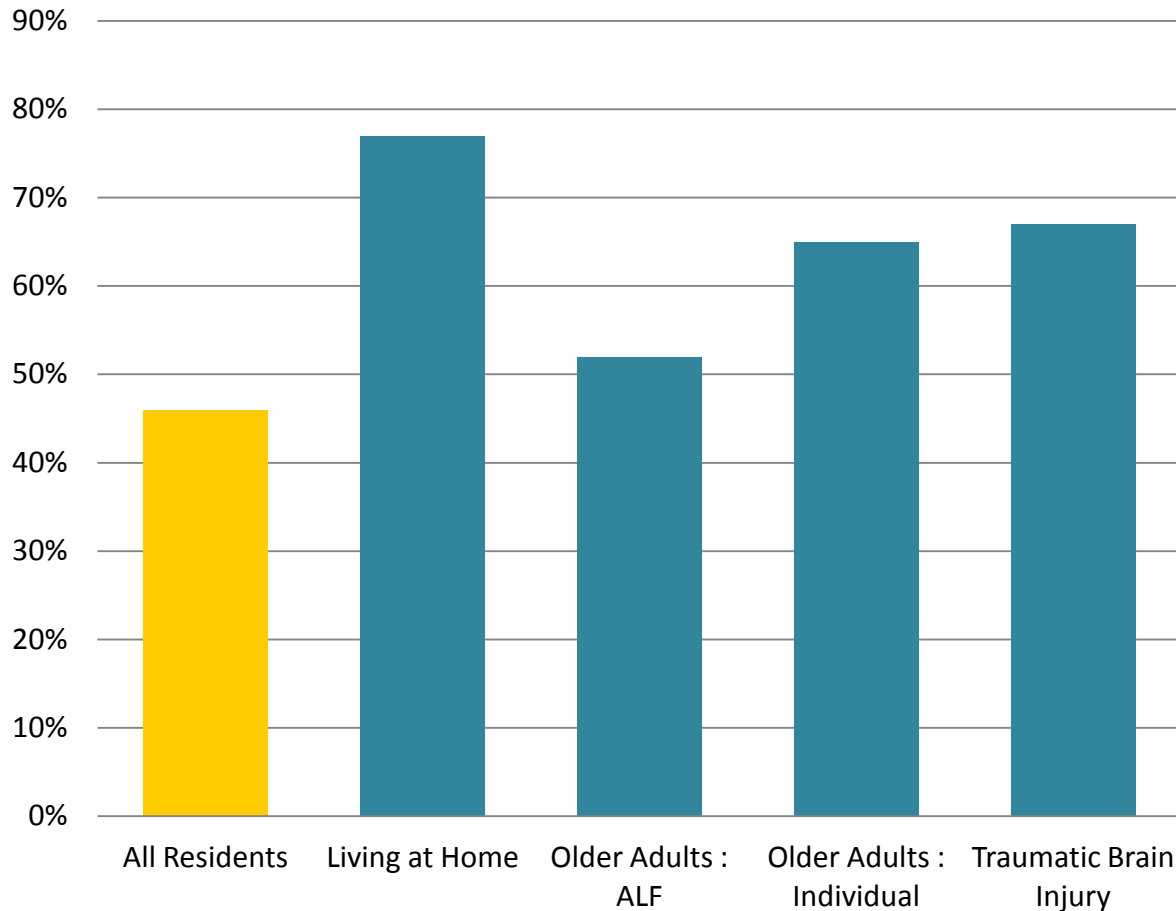
MFP Participants, FY09 - FY10



For individuals who entered MFP between FY 2008 and FY 2010, average monthly Medicaid expenditures decreased after transition across all waiver programs. The one exception to this trend was for the developmentally disabled population (not pictured), who received a much higher percentage of their services through Medicaid, as opposed to state-only funded programs, after transition.

Source: Maryland MDS data as analyzed by The Hilltop Institute, FY2005 – FY2010

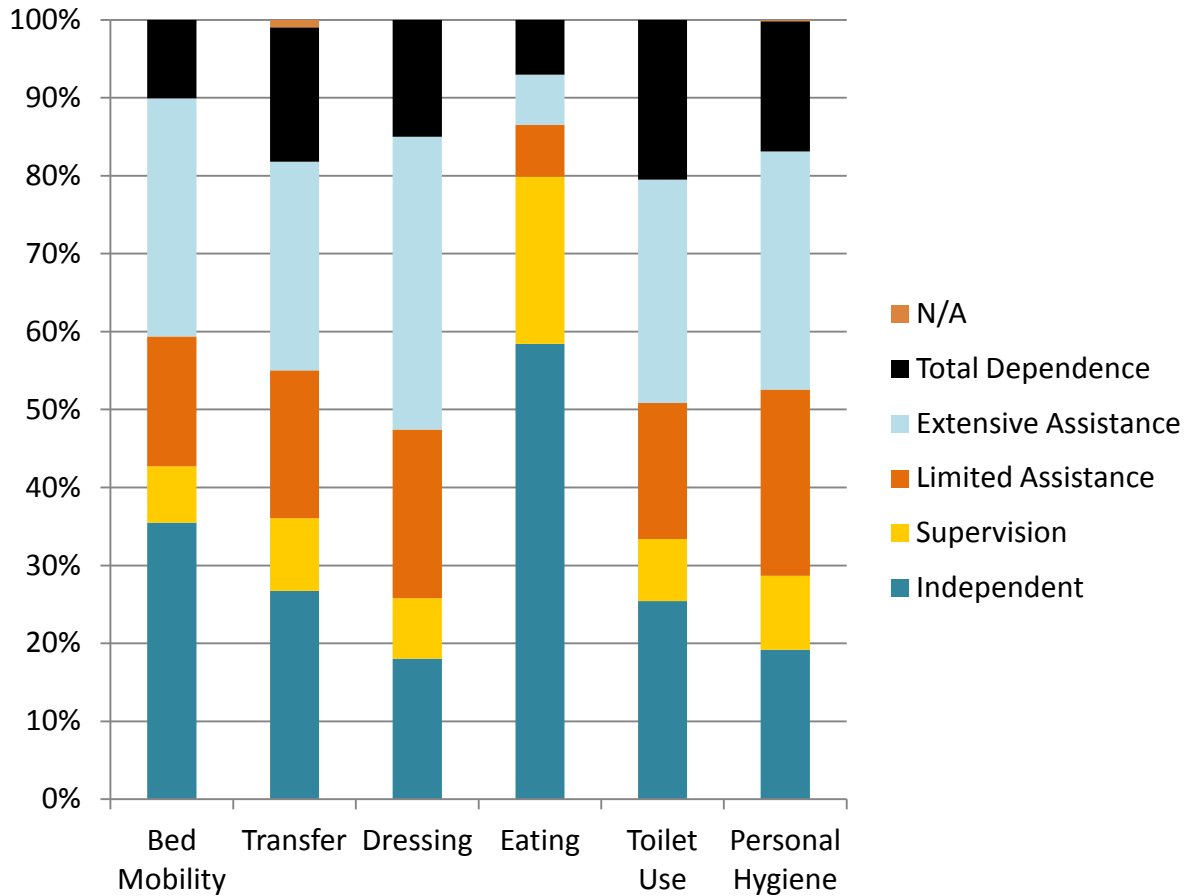
MFP Participants' Preference to Return to the Community, by Destination



Question Q1a of the MDS assessment asks “[Does the] resident express/indicate a preference to return to the community?” Only 46% of all nursing home residents answer “yes” to this question, while 67% of eventual MFP participants answered “yes” during their nursing home stay.

Source: Maryland MDS data as analyzed by The Hilltop Institute, FY2005 – FY2010

MFP Participants' Preference to Return to the Community, by Destination



The MDS assesses physical functioning and structural problems through Section G. Selected pre-transition activity of daily living scores are shown, with the least amount of assistance needed with eating and the most needed with dressing.

Source: Maryland MDS data as analyzed by The Hilltop Institute, FY2005 – FY2010

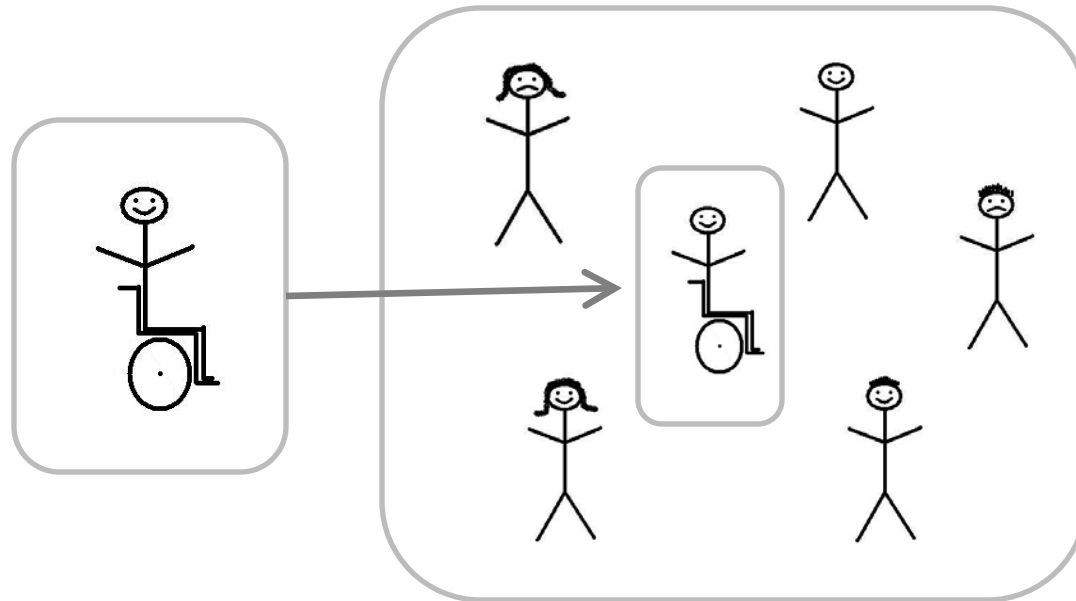
Next Steps

Defining a valid comparison group

- One of the major deficiencies of the prior work has been the lack of a reasonably valid comparison group.
- A useful expansion of this analysis would be to compare MFP participants with a characteristically similar group of residents who did not transition to the community, instead of comparing participants with the general nursing facility population.

Next Steps continued

- Propensity scores are a common method of building a comparison group, and there are many variables available in the MDS and MMIS data sets on which to match.



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