Driving HCBS Innovation Through Data and Metrics

NASUAD Home and Community Based Services Conference

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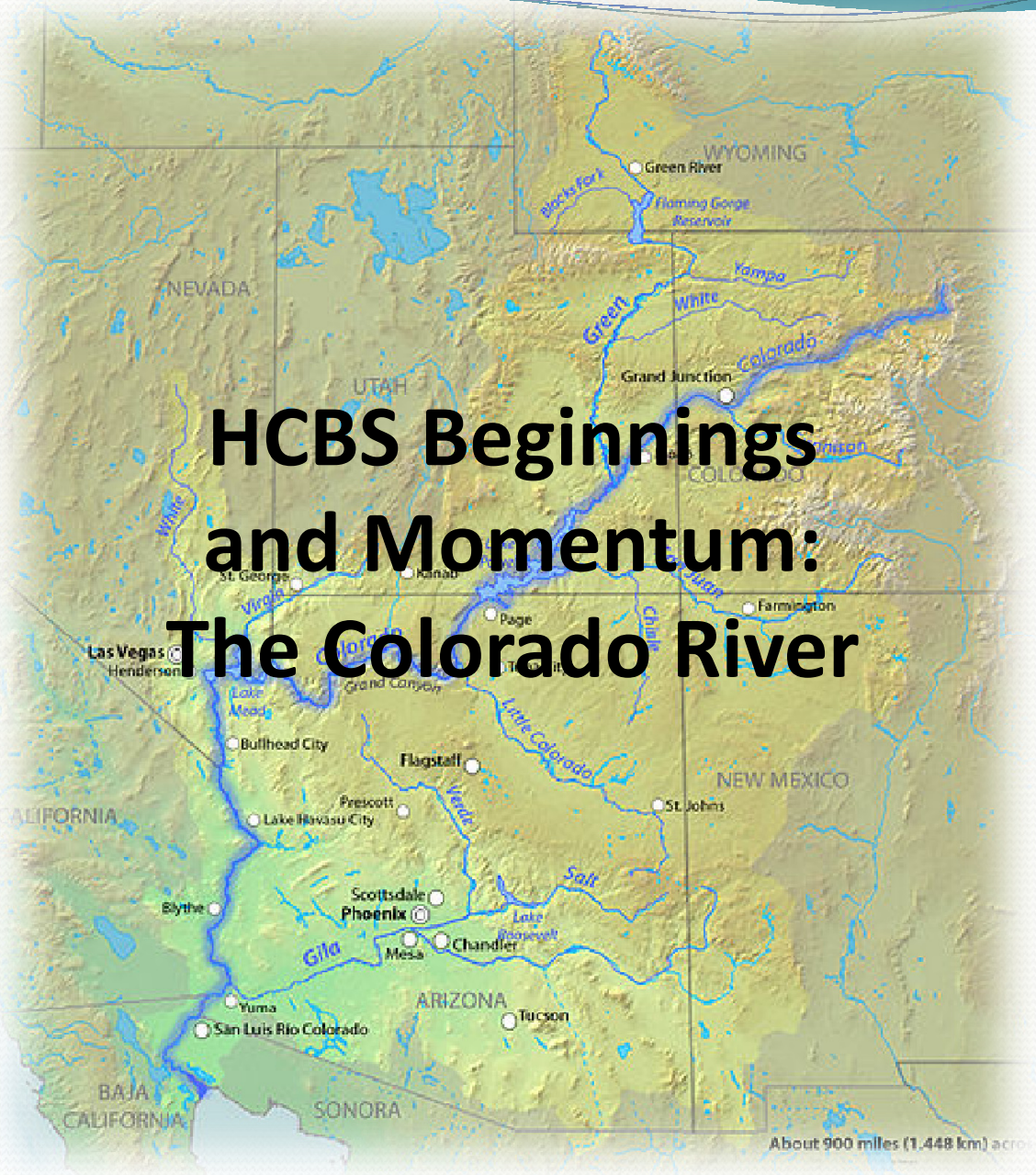
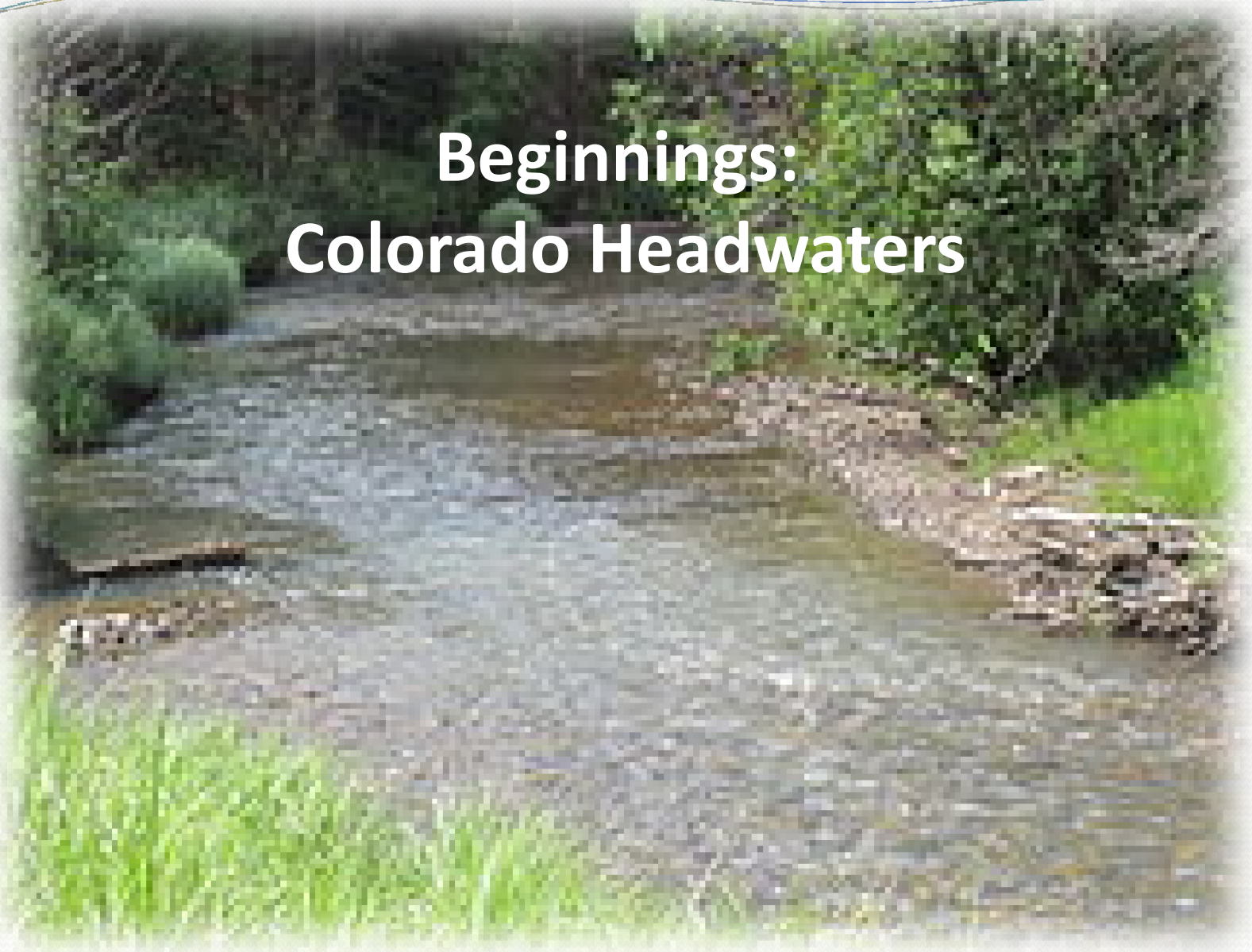
Presentation Outline

- Home and Community Based Services (HCBS) Beginnings and Momentum
  - Advocacy and Costs
  - HCBS Waivers
  - Aging and Disability Resource Centers (ADRCs)
  - Money Follows the Person (MFP)
- Data and Metrics to Build Community Based Services
- Using Metrics to Move Forward

HCBS Beginnings and Momentum: The Colorado River





Beginnings:
Colorado Headwaters

Advocacy Leads to Progress

1935	Social Security Act (SSA)
1956	Amendment to SSA
1965	Older Americans Act (Medicare and Medicaid)
1970	Developmental Disabilities Act
1972	Birth of the Independent Living Movement
1973	Rehabilitation Act passed with Section 504
1975	Education of All Handicapped Children Act
1981	OBRA Section 2176 authorized Medicaid HCBS waivers; incorporated into Title XIX of the SSA as Section 1915(c)
1987	OBRA enacted Nursing Home Reform to increase quality requirements, monitoring, and enforcement
1988	Amendment to Fair Housing Act to prohibit disability-based discrimination
1990	Americans with Disabilities Act signed into law

Americans with Disabilities Act

Signed by George W. Bush on July 26, 1990

More Milestones

1998 Workforce Investment Act

1999 Olmstead v. L.C. ruling: Segregation of individuals with disabilities in institutions is discrimination; ADA may require HCBS options

- Work Incentives Improvement Act (Ticket to Work)

2003 Birth of the ADRC Initiative

2004 IDEA amendment to 1975 Education Act

2005 Deficit Reduction Act (MFP)

2008 ADA Amendment Act

2010 Affordable Care Act

- President Obama's *Year of Community Living*
- Justice Department Briefs in New Jersey, Illinois, and Florida supporting HCBS
- Justice Department files suit in Arkansas

Home and Community Based Waivers
Green River Tributary

HCBS Waivers

- Created community based alternatives to institutions
- Precipitated development of community based providers
- Long-term services costs savings
- Quality of life
- Maryland maintains 8 home and community based waiver programs (discuss later before metrics)
- Maryland has 9 waivers—focus here on three with largest census:
  - Community Pathways Waiver (1984)
  - Older Adults Waiver (OAW) (1993)
  - Living at Home (LAH) Waiver (2001)

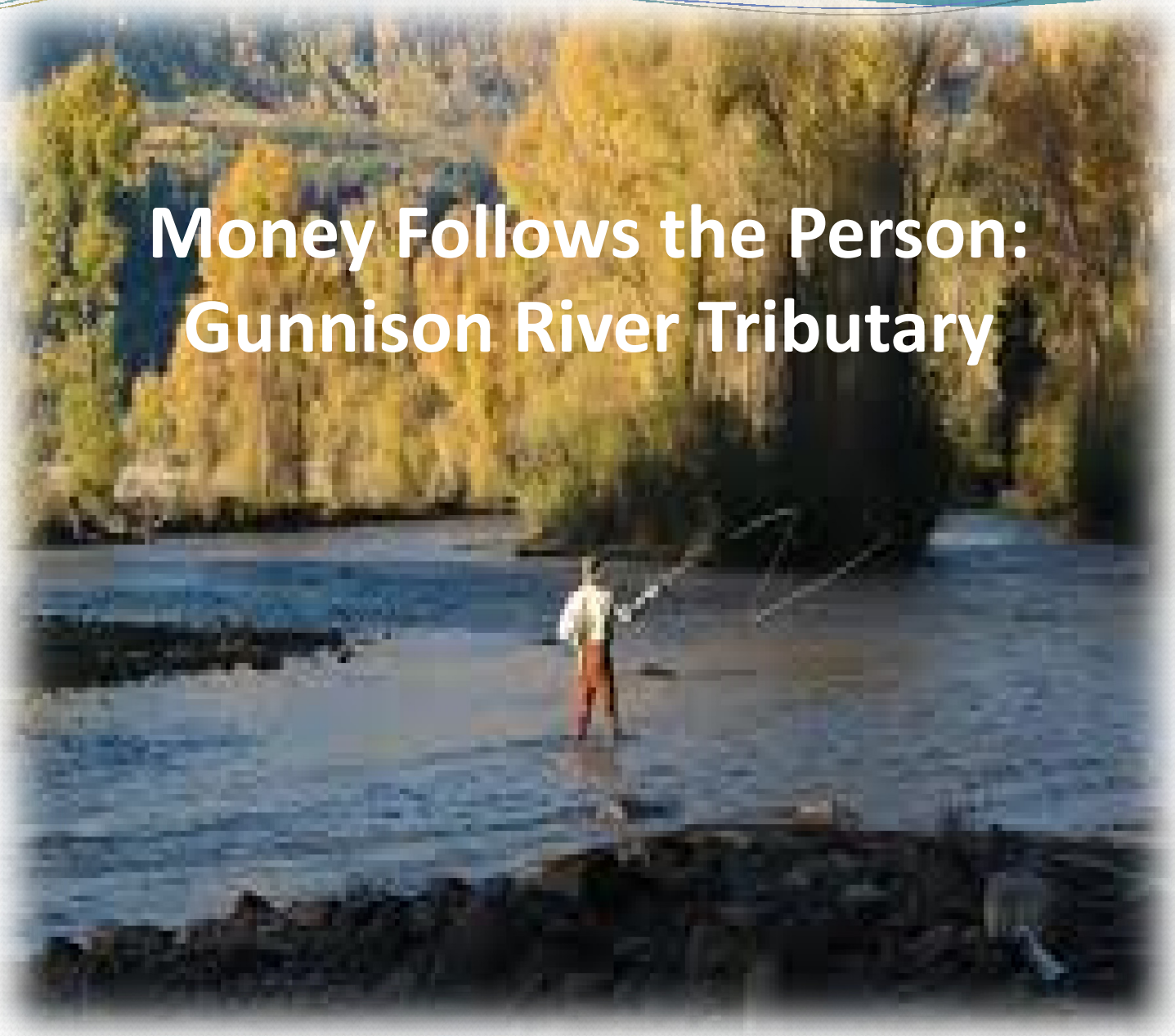
Aging and Disability Resource Centers: Gila River Tributary

ADRCs

Maryland Access Point (MAP)

- Streamlined Access to Information and Long-Term Services and Supports
- Statewide Web-Based Searchable Database
- Statewide Local MAP Sites
- No Wrong Door Single Point of Entry
- Building Partnerships
- Diversion from Institutional Settings
- Development of Standards, Procedures, and Policies across Organizations and Programs
- Integral Part of Maryland Rebalancing Efforts

Money Follows the Person: Gunnison River Tributary



Money Follows the Person

- Chose the least restrictive criteria for MFP participation
- Chose a broad, inclusive approach to the populations
- Worked closely with stakeholders in developing the operational protocol
  - Identified barriers to utilizing HCBS
  - Designed rebalancing initiatives for each barrier
- First MFP participant transitioned in March of 2008
- Have moved over 950 MFP participants to date
- Building on success and revising initiatives based on lessons learned

Transition Goals

	Elderly	MR/DD	Phys Dis	TBI	Total
2007	0	0	0	0	0
2008	53	35	72	2	162
2009	108	88	128	6	330
2010	158	18	126	11	313
2011	184	20	135	12	351
2012	220	20	149	15	404
2013	264	20	163	15	462
2014	317	20	180	15	532
2015	381	20	198	15	614
2016	457	20	217	15	709
Total	2137	260	1367	106	3870

Rebalancing Initiatives

- **Barrier:** Lack of information about HCBS options
- **MFP Initiative:** Increase outreach to institutional residents
  - Peer Outreach
  - Program Education
  - Application Assistance
- **Barrier:** Transitions are difficult and the system is complicated to navigate
- **MFP Initiative:** Improve the transition process
  - Enhanced Transitional Case Management
  - Housing Assistance

Rebalancing Initiatives continued

- **Barrier:** HCBS are inadequate to meet the needs of all institutional residents
- **MFP Initiative:** Enhance existing community based services
  - Peer Mentoring
  - New Waiver Services
  - Behavioral Health
- **Barrier:** Fragmented system and poor coordination between silos
- **MFP Initiative:** Improve Systems
  - Statewide ADRC sites

MFP and ADRC/MAP

- Utilizing MFP Rebalancing funds to expand MAP sites
  - Requiring funded relationships with disability partners
- 2010 Administration on Aging (AoA)/MFP grant to develop best practices for peer supports at MAP sites
  - Piloting the use of peers to respond to MDS 3.0 Section Q referrals
- Current AoA Options Counseling Grant
  - Developing statewide standards of practice for education
- Utilizing the MAP sites as the vehicle to continue MFP services post-demonstration
- New consultant will help the MAP sites institutionalize MFP services related to transition and diversion

Data and Metrics:
San Juan River Tributary

Transition Criteria

Defining a Transition

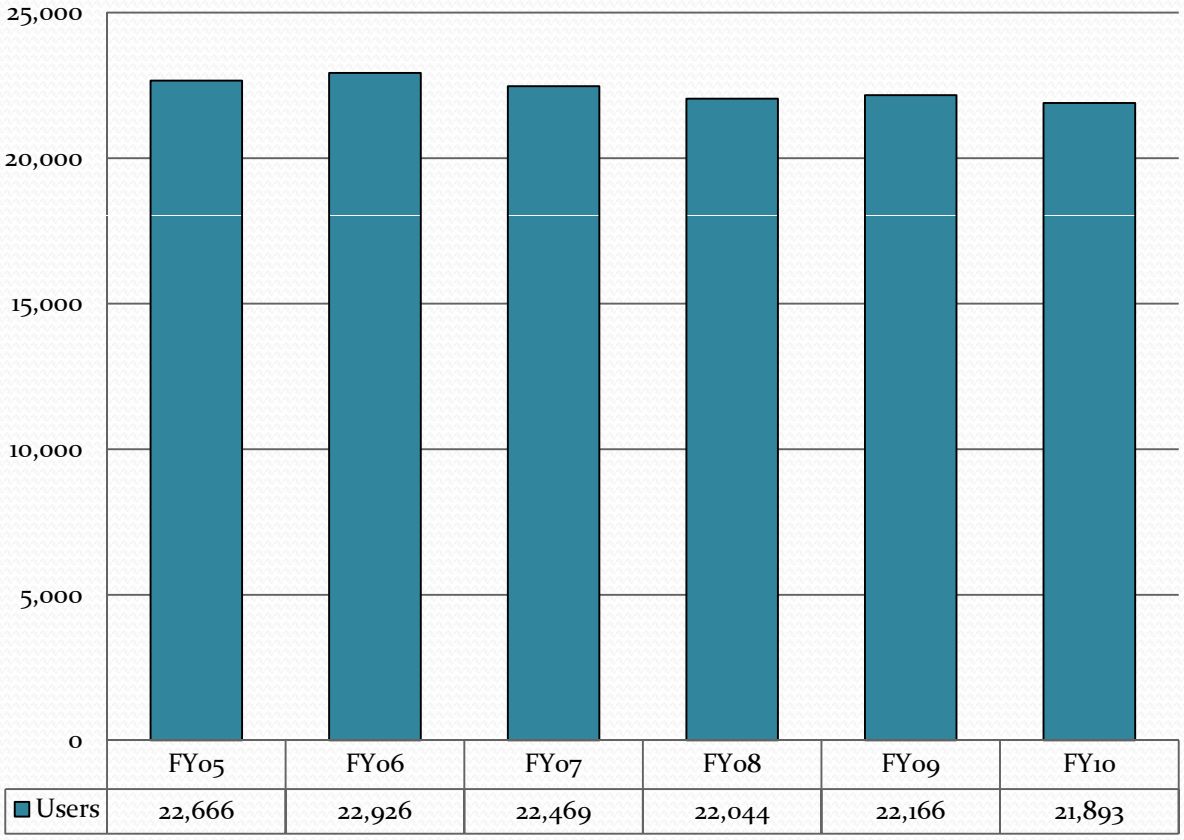
In order to retain consistency across the length of the program, "transitioned" individuals were defined as having **at least 30 continuous Medicaid-paid days** in one of the following settings: Nursing Facility (with a valid level of care designation), Chronic Hospital, State Residential Center (SRC), or Institute for Mental Disease.

The institutional span must have been:

- Followed by at least 30 days of Medicaid eligibility
- Not immediately followed by an inpatient stay of more than 3 days
- Not followed by another long-term care (LTC) institutional stay within 30 days
- Followed by either enrollment into an HCBS waiver program or use of non-waiver home health services

Use of
Medicaid Institutional Services
in Maryland
FY 2005 – FY 2010

Number of Users of Medicaid Institutional Services: Nursing Facility

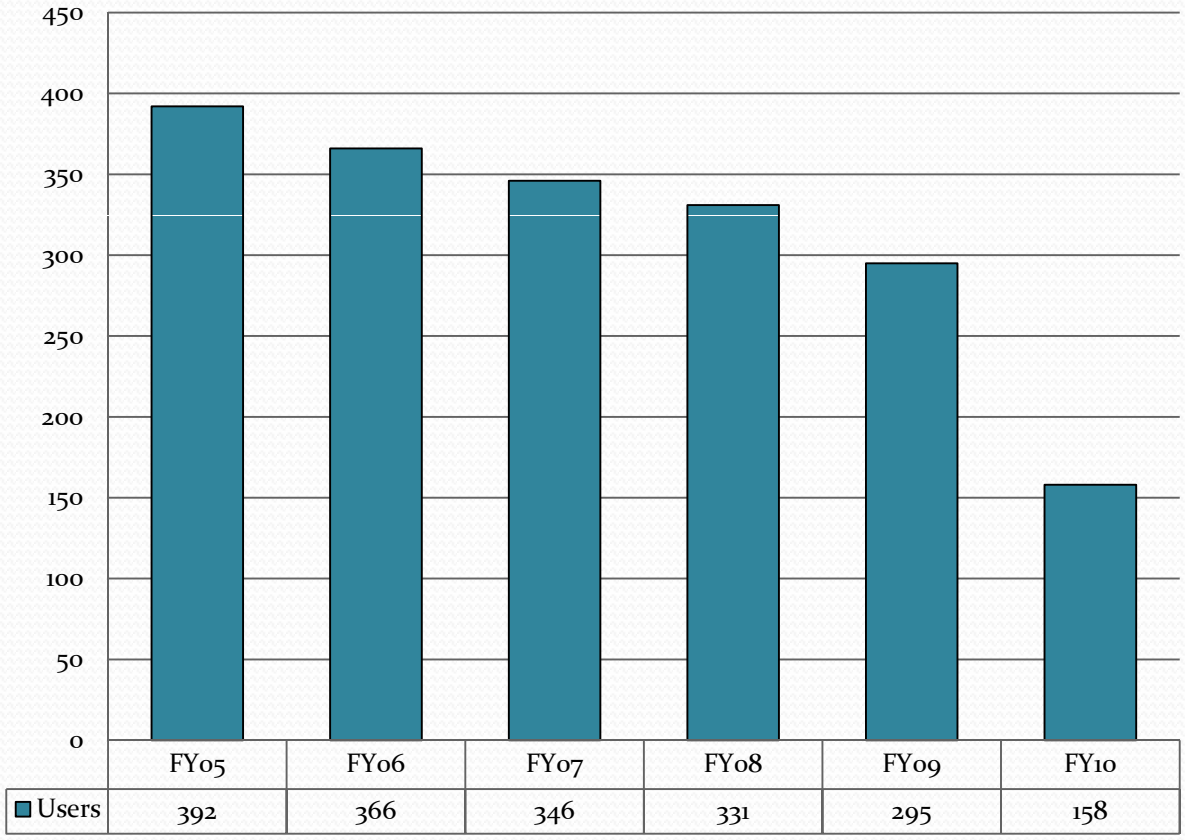


The number of individuals using Medicaid nursing facility services in Maryland has been decreasing fairly steadily since FY 2006, although usage from FY 2008 to FY 2009 showed a slight increase of 0.5% before declining again in FY 2010.

Note: This chart illustrates the number of individuals who had at least one Medicaid-paid day of Nursing Facility services and also had a valid Medicaid level of care designation.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY 2005 – FY 2010

Number of Users of Medicaid Institutional Services: SRCs



The number of individuals using Medicaid state residential center services has declined steadily since FY 2005. From FY 2009 to FY 2010, usage declined by 46%.

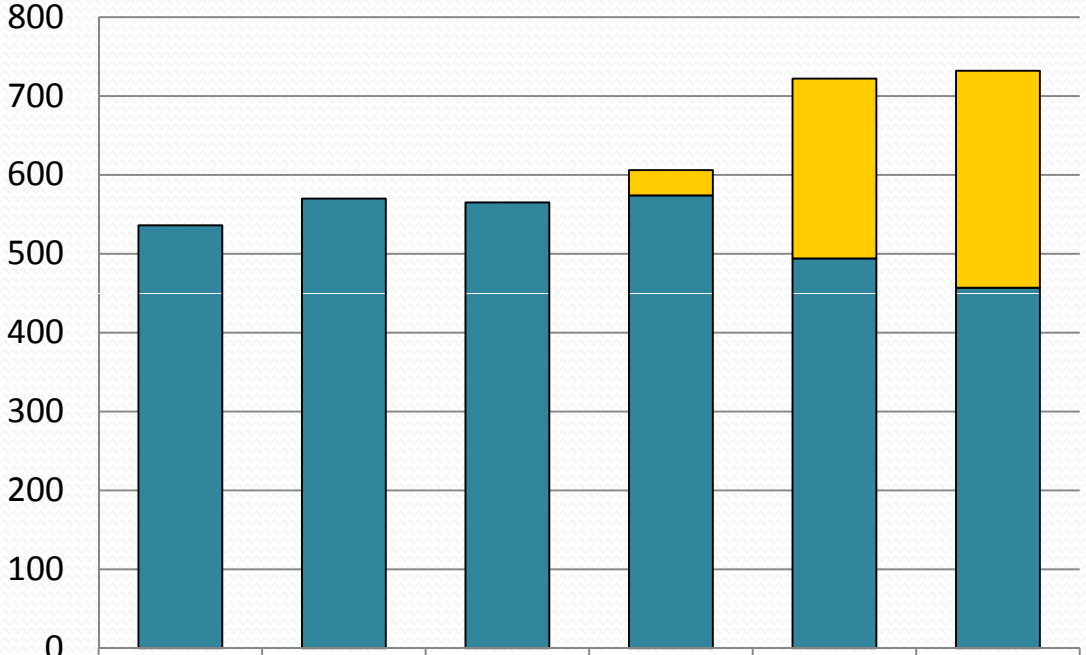
Note: This chart illustrates the number of individuals who had at least one Medicaid-paid day of State Residential Center services.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY 2005 – FY 2010

Transitions to HCBS

FY 2005 – FY 2010

Number of Nursing Facility Users Who Transitioned to HCBS



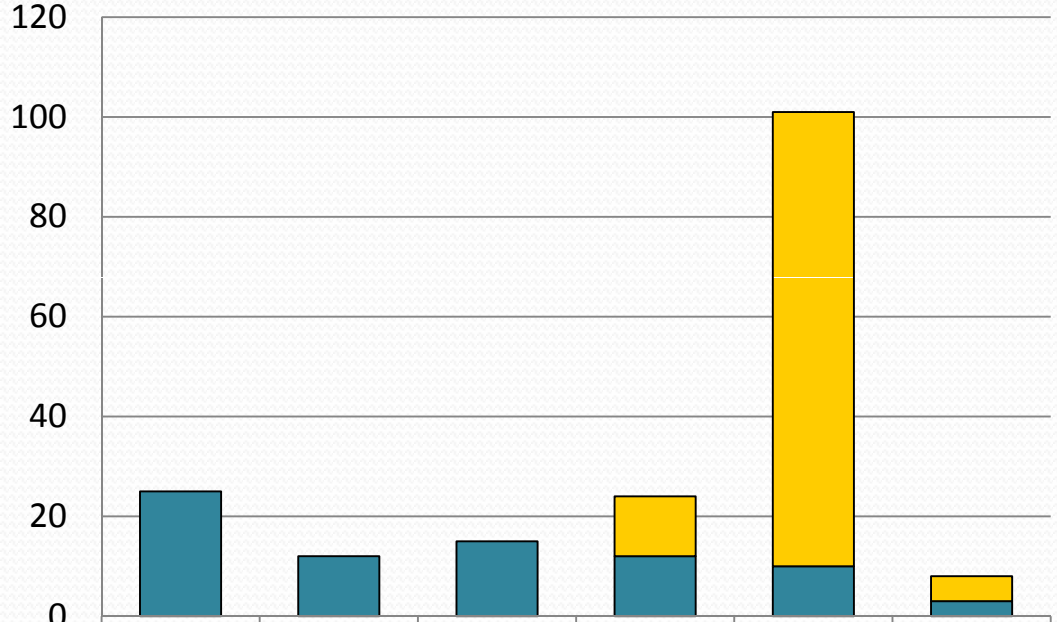
	FY05	FY06	FY07	FY08	FY09	FY10
MFP				32	228	275
Non-MFP	536	570	565	574	494	457

Note: This chart illustrates the number of individuals who had at least 30 continuous Medicaid-paid days in a Nursing Facility. The institutional span must have been followed by at least 30 days of MA eligibility, not immediately followed by an inpatient stay of more than 3 days, not followed by another LTC institutional stay within 30 days, and individuals must have either enrolled in a waiver program or used some other home health service after transition. Nursing Facility users must have also had a valid Medicaid level of care designation.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY 2005 – FY 2010

The number of nursing facility users who transitioned to HCBS has increased by 37% in the last five years, from 536 in FY 2005 to 732 in FY 2010. In FY 2010, 38% of transitioned individuals participated in MFP.

Number of SRC Users Who Transitioned to HCBS



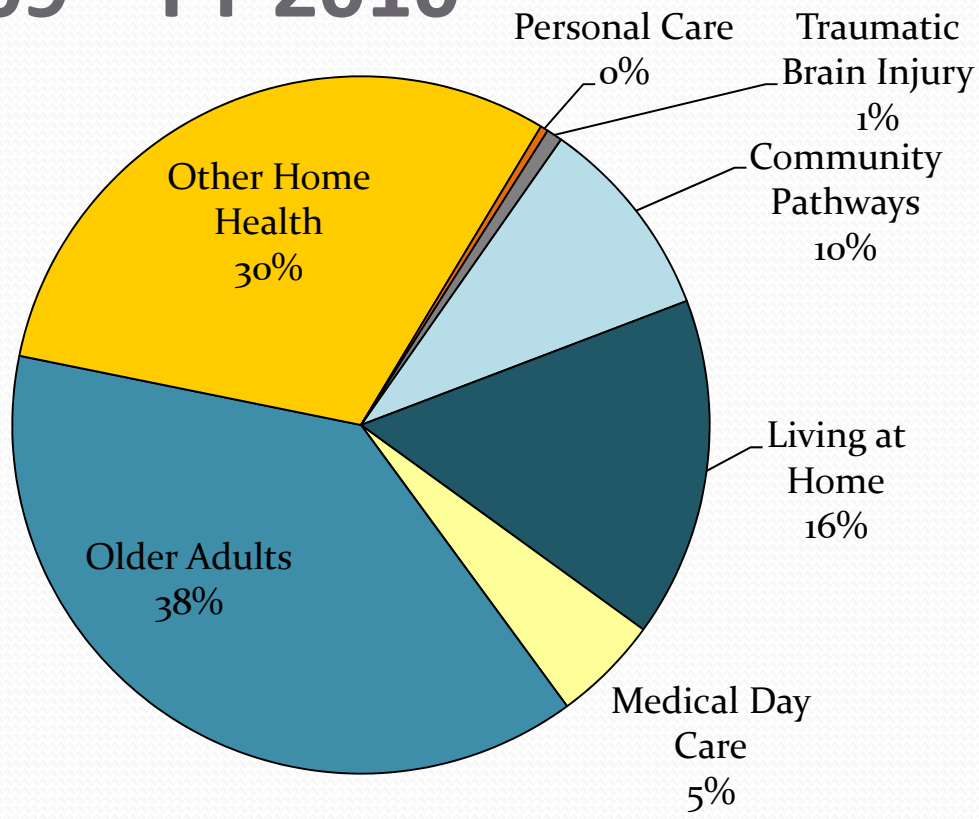
	FY05	FY06	FY07	FY08	FY09	FY10
MFP				12	91	5
Non-MFP	25	12	15	12	10	3

Note: This chart illustrates the number of individuals who had at least 30 continuous Medicaid-paid days in a State Residential Center. The institutional span must have been followed by at least 30 days of MA eligibility, not immediately followed by an inpatient stay of more than 3 days, not followed by another LTC institutional stay within 30 days, and individuals must have either enrolled in a waiver program or used some other home health service after transition. Nursing Facility users must have also had a valid Medicaid level of care designation.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY 2005 – FY 2010

The number of state residential center users who transitioned to HCBS spiked in FY 2009, when more individuals transitioned than in the previous four years combined. In FY 2009, the year of the spike, 90% of transitioned individuals participated in MFP.

HCBS Transition Destinations: FY 2009 – FY 2010



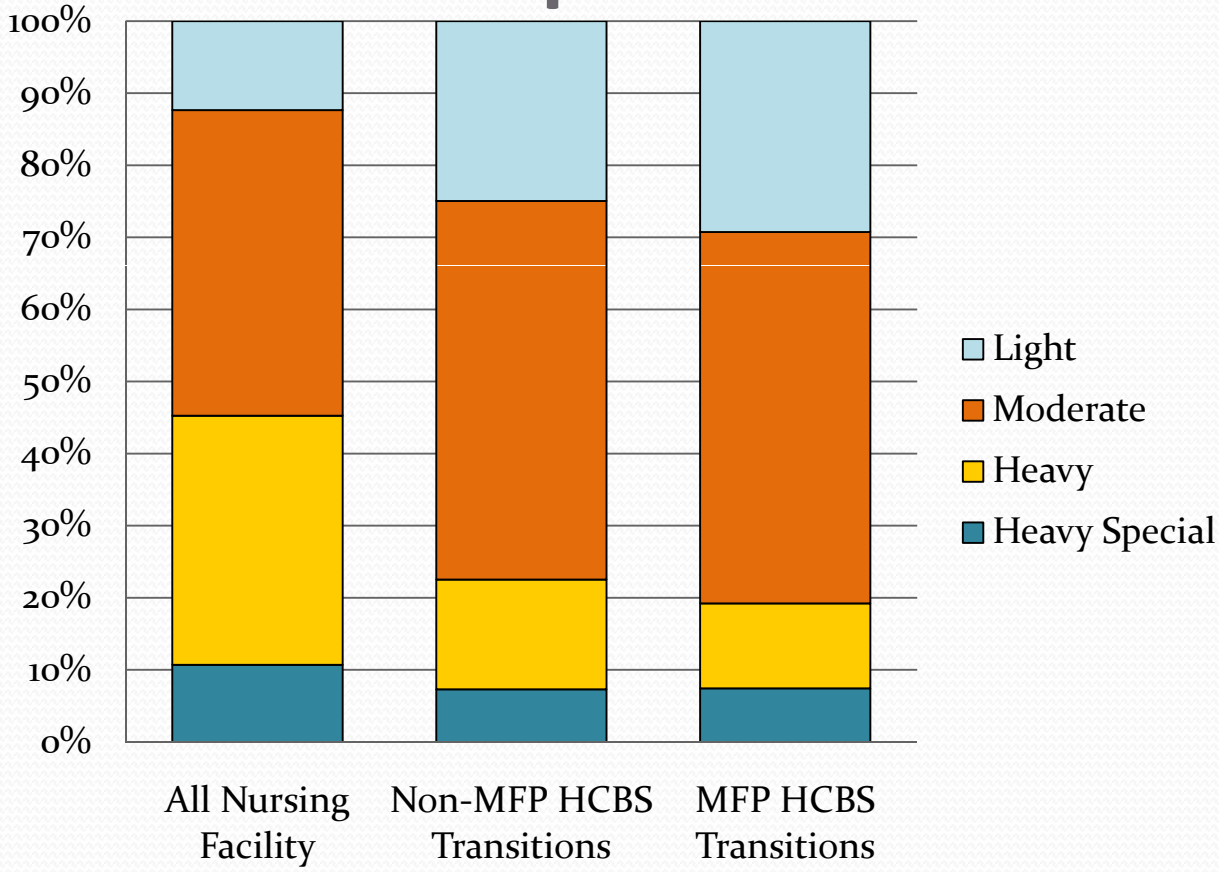
As in the prior period, the majority of individuals who transitioned and used HCBS between FY 2009 and FY 2010 participated in the OAW. The distribution of services is also similar, with a slight decrease in the share of OAW enrollment and Medical Day Care use and a corresponding increase in the share of LAH Waiver and Community Pathways enrollment.

Note: This chart illustrates the number of 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, FY 2005 – FY 2010

Characteristics of HCBS Transitions FY 2005 – FY 2010

Nursing Facility Level of Care: FY 2009 Comparison

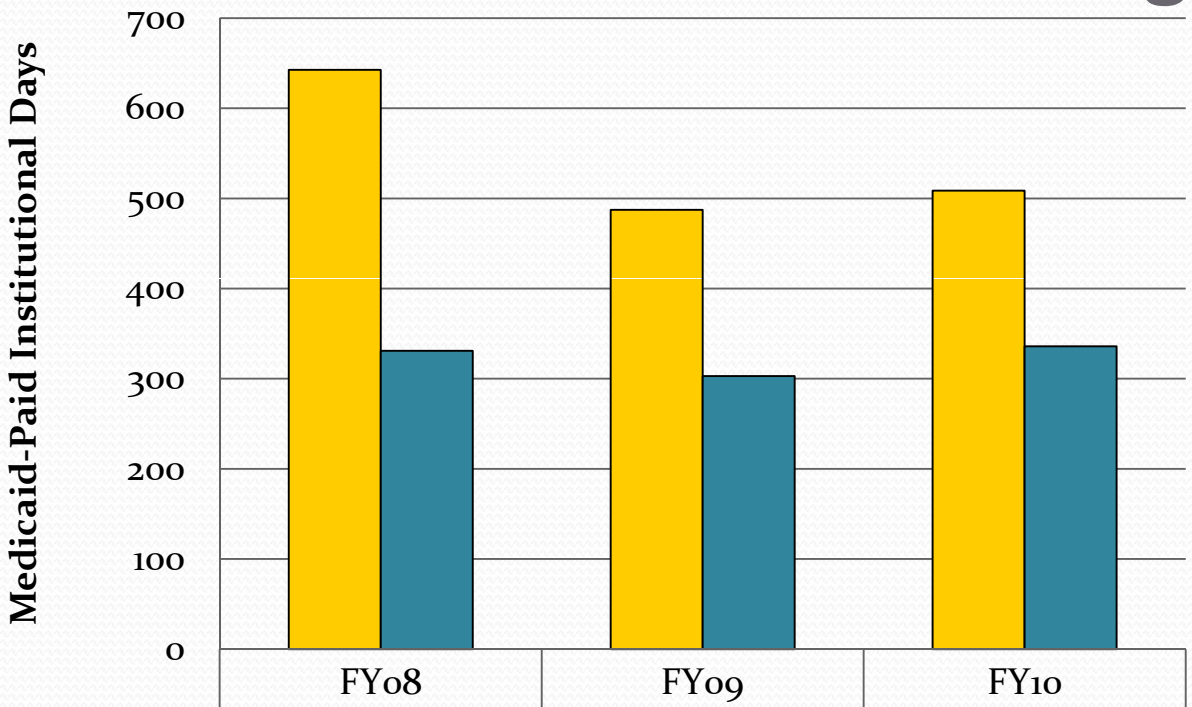


Overall, individuals who transitioned from a nursing facility to HCBS are more likely to have received a "light" or "moderate" level of care than the general nursing facility population. Also, less than half as many transitioned individuals received a "heavy" level of care compared to individuals who did not transition.

Note: These charts illustrate the percentage of individuals by level of care who had at least one Medicaid-paid day in a Nursing Facility and also had a valid Medicaid level of care designation.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY 2009

Medicaid Length of Stay for HCBS Transitions: Nursing Facility



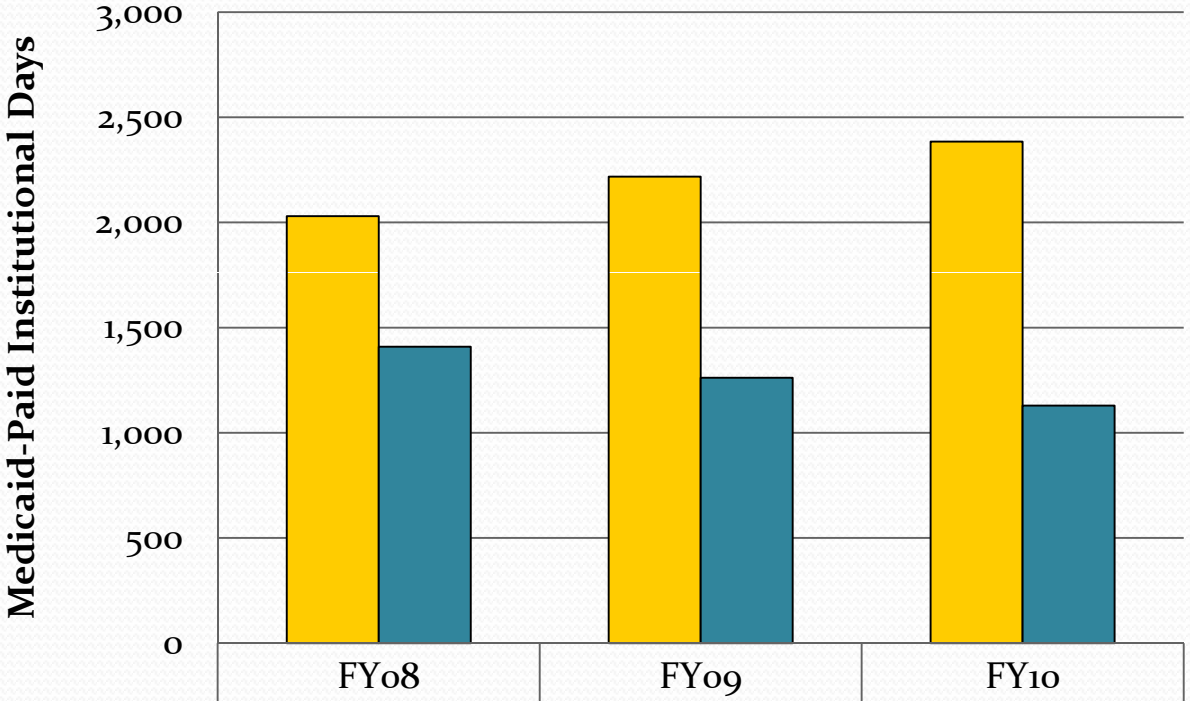
	FY08	FY09	FY10
MFP	643	487	509
Non-MFP	331	303	336

Individuals transitioning to the community from a nursing facility 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 almost twice as long as their non-MFP counterparts, with the gap narrowing to about 1.5 times 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 a Nursing Facility 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, FY 2008 – FY 2010

Medicaid Length of Stay for HCBS Transitions: SRC



	FY08	FY09	FY10
MFP	2,030	2,218	2,385
Non-MFP	1,410	1,262	1,130

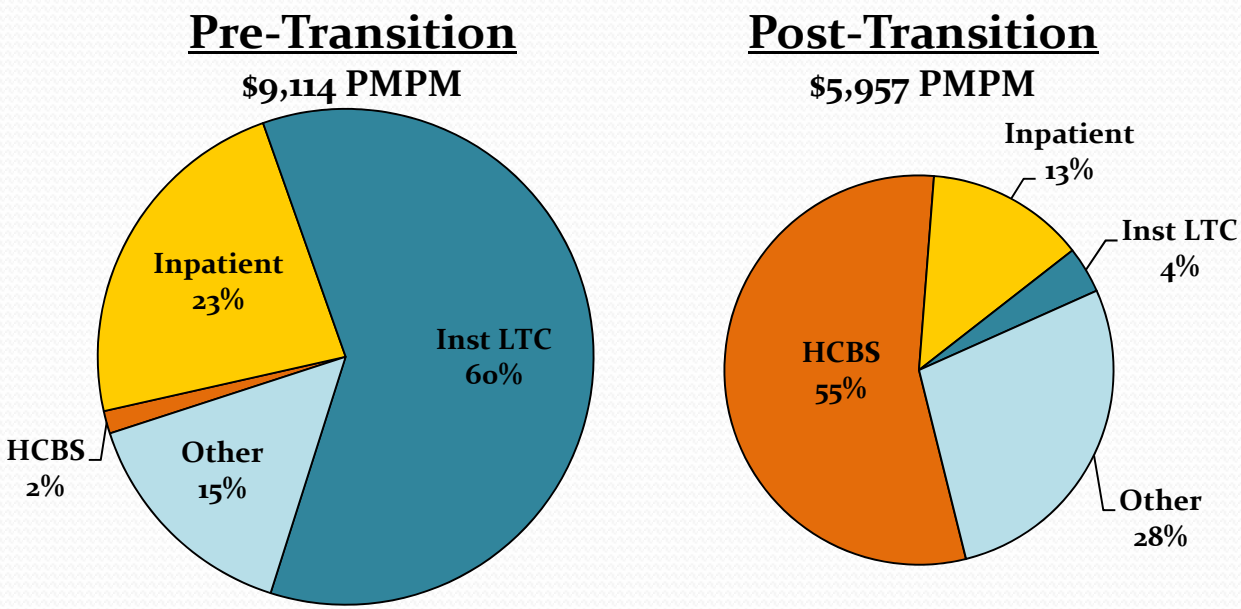
Note: This chart illustrates the number of continuous Medicaid-paid institutional days for individuals who had at least one Medicaid-paid day in a Chronic Hospital and either enrolled in a waiver program or used some other home health service. Nursing Facility users must have also had a valid Medicaid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

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY 2008 – FY 2010

Individuals transitioning to the community from state residential centers 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 1.5 times longer than their non-MFP counterparts, with the gap widening to more than twice as long in FY 2010.

Pre- and Post-Transition Expenditures of Waiver Participants FY 2007 – FY 2010

Distribution of Pre- and Post-Transition* Medicaid Expenditures for LAH: FY 2008 – FY 2010



For individuals who transitioned to the LAH Waiver between FY 2008 and FY 2010, the majority of pre-transition spending was for institutional LTC, while the majority of post-transition spending was for HCBS. The share of spending for inpatient services decreased after transition, while the share for other services increased.

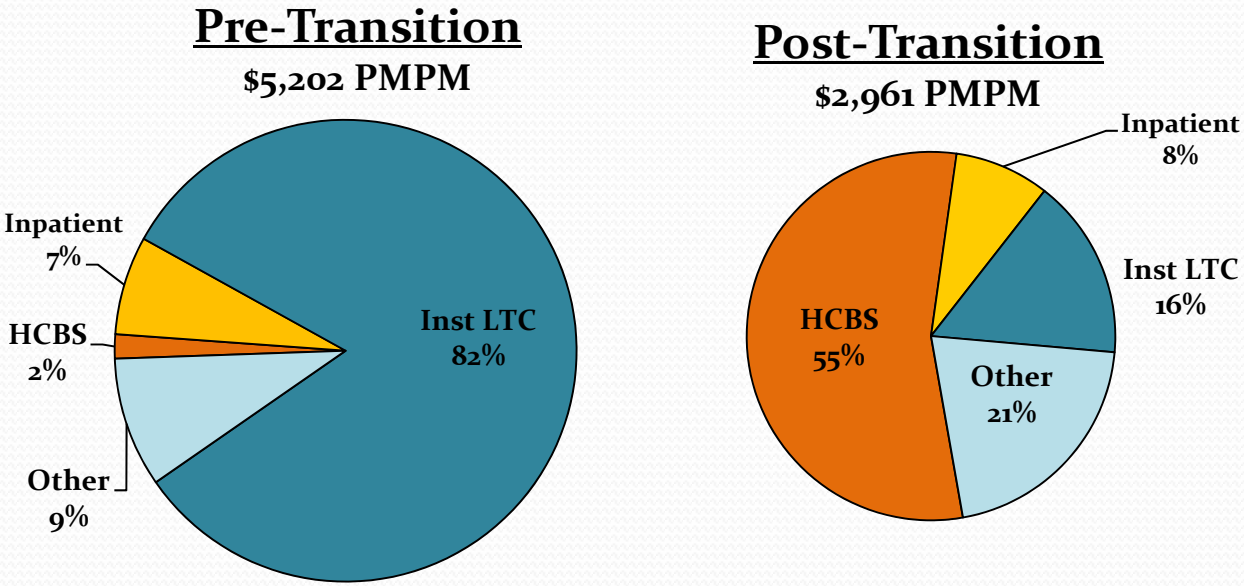
Note: This chart illustrates the number of individuals who had at least one Medicaid-paid day in one of the following settings: Nursing Facility, Chronic Hospital, State Residential Center, or Institute for Mental Disease and subsequently enrolled in a waiver program. Nursing Facility residents must have also had a valid Medicaid level of care designation.

"Other" services consist of: Outpatient, Physician, Dental, Pharmacy, Capitation, and services from special programs.

*Pre- and post-transition timeframes are one year.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY 2008 – FY 2010

Distribution of Pre- and Post-Transition* Medicaid Expenditures for OAW, Assisted Living: FY 2008 – FY 2010



Note: This chart illustrates the number of 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 subsequently enrolled in a waiver program. Nursing Facility residents must have also had a valid Medicaid level of care designation.

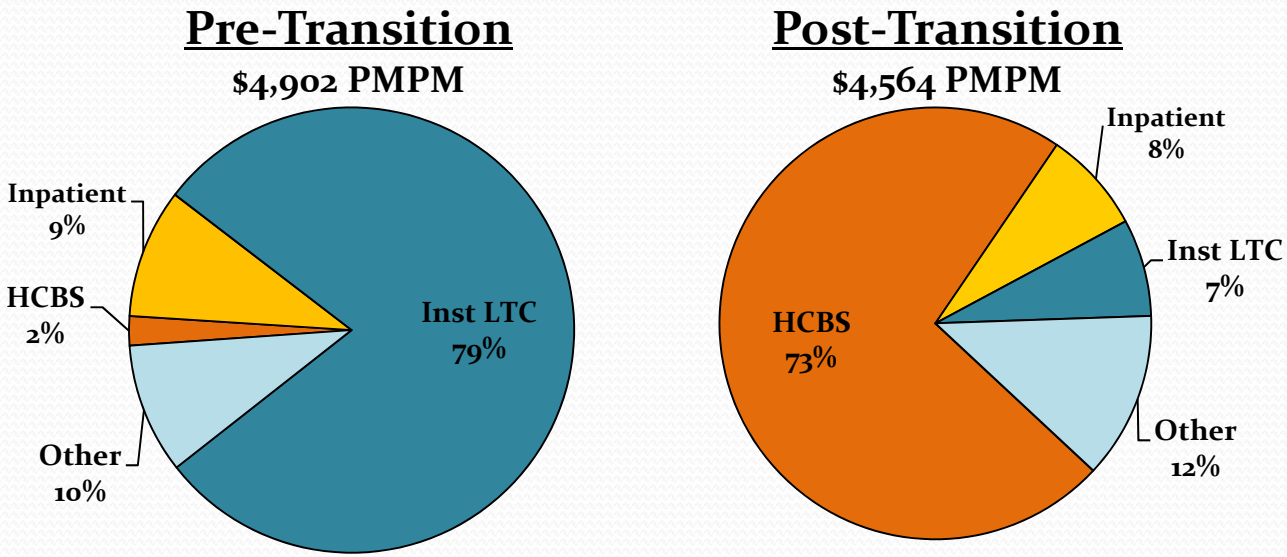
"Other" services consist of: Outpatient, Physician, Dental, Pharmacy, Capitation, and services from special programs.

*Pre- and post-transition timeframes are one year.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY 2008 – FY 2010

For individuals who transitioned to the OAW (Assisted Living) between FY 2008 and FY 2010, the majority of pre-transition spending was for institutional LTC, while the majority of post-transition spending was for HCBS. The share of spending for inpatient services remained relatively constant after transition, while the share for other services increased.

Distribution of Pre- and Post-Transition* Medicaid Expenditures for OAW, Individual Residence: FY 2008 – FY 2010



Note: This chart illustrates the number of 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 subsequently enrolled in a waiver program. Nursing Facility residents must have also had a valid Medicaid level of care designation.

"Other" services consist of: Outpatient, Physician, Dental, Pharmacy, Capitation, and services from special programs.

*Pre- and post-transition timeframes are one year.

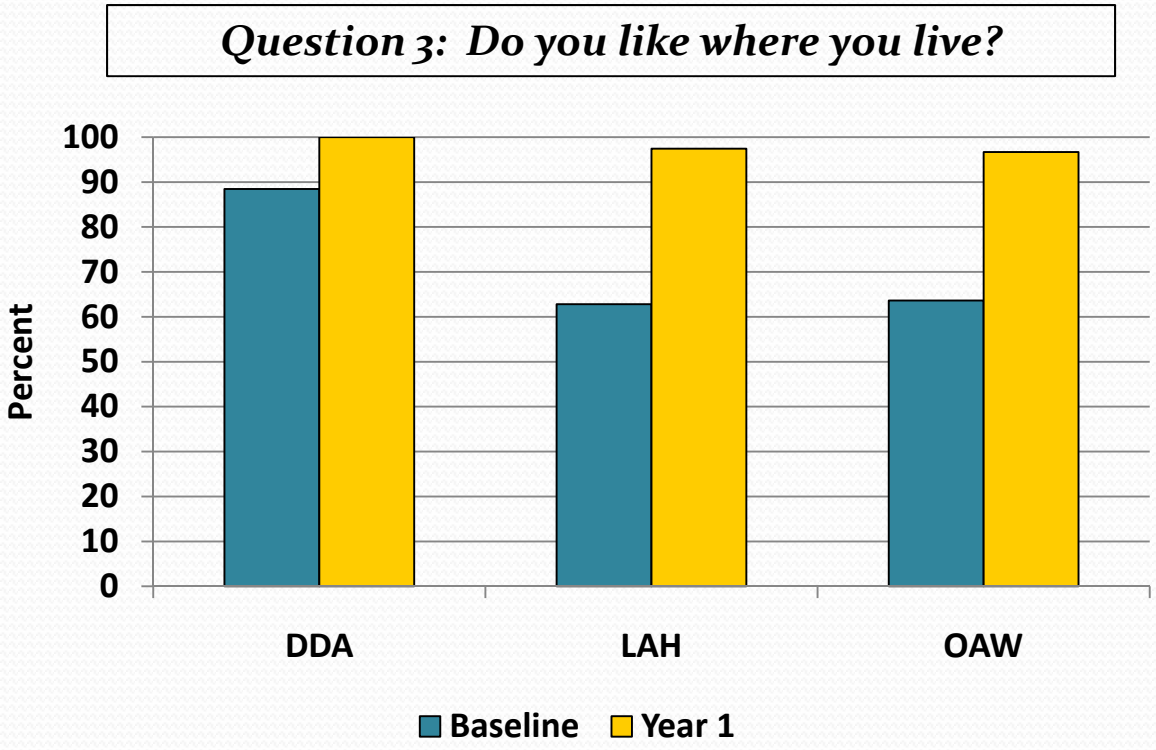
Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY 2008 – FY 2010

For individuals who transitioned to the OAW (Individual Residence) between FY 2008 and FY 2010, the majority of pre-transition spending was for institutional LTC, while the majority of post-transition spending was for HCBS. The share of spending for inpatient and other services remained relatively constant after transition.

Quality of Life Survey:

Comparison of Baseline and Year 1 Survey Responses

Figure 14. Question 3 Baseline and Year 1 "Yes" Responses as a Percentage of Total Destination Cohort Responses, by Survey Time Point



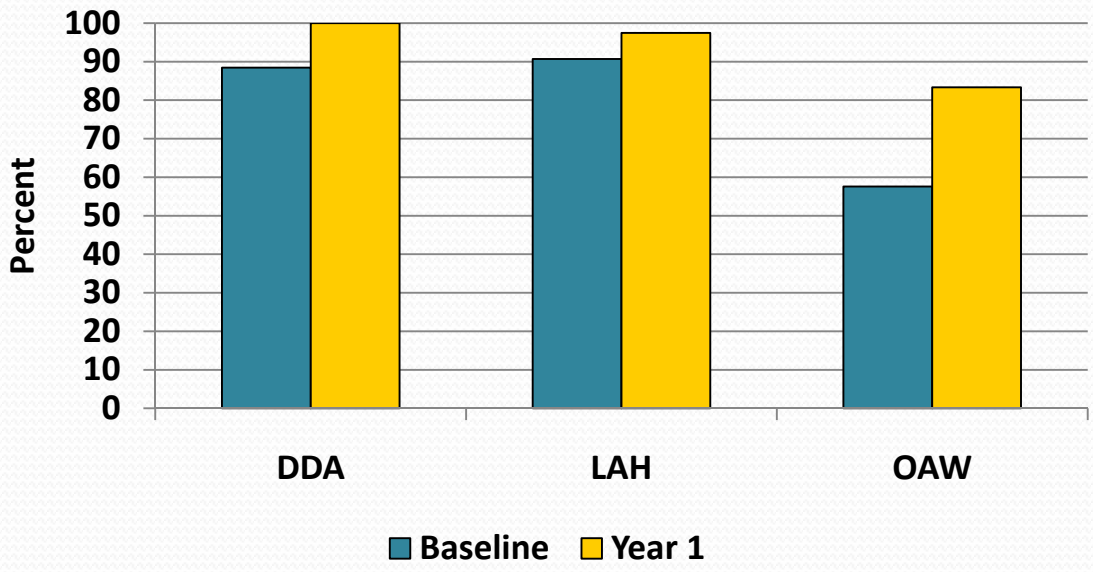
For the DDA, LAH, and OAW destination cohorts, the percentage of "Yes" responses increased from baseline to Year 1.

The largest increase—35 percentage points—was for the LAH cohort.

Source: MFP Administrative Data

Figure 20. Question 28 Baseline and Year 1 "Yes" Responses as a Percentage of Total Destination Cohort Responses, by Survey Time Point

Question 28: Can you get to the places you need to go, like work, shopping, or to the doctor's office?

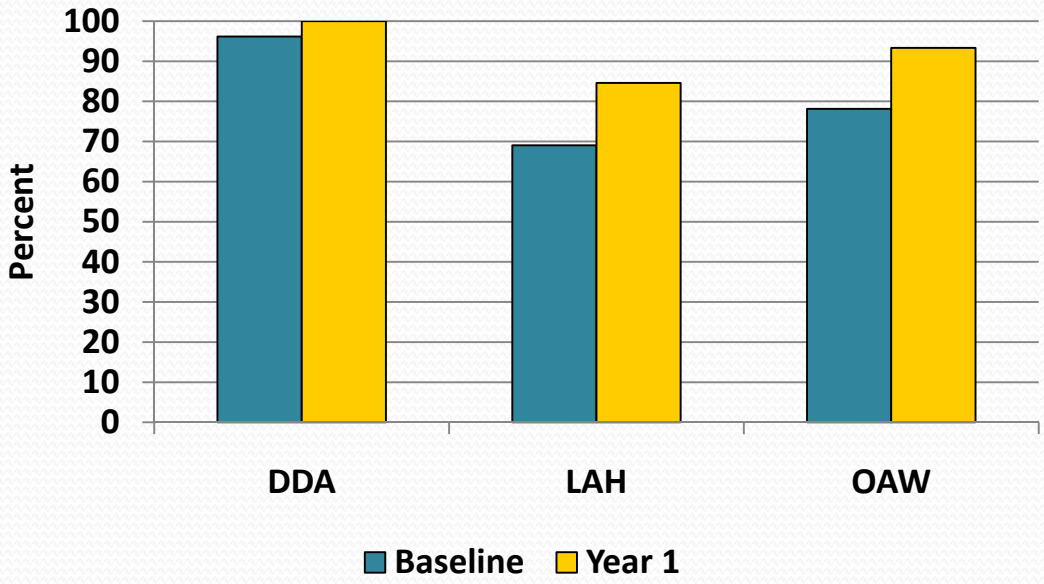


The percentage of "Yes" responses increased from baseline to Year 1 for each destination cohort. The TBI cohort had the largest increase (50 percentage points).

Source: MFP Administrative Data

Figure 23. Question 38 "Happy" Responses as a Percentage of Total Destination Cohort "Happy" Responses, by Survey Time Point

Question 38: During the past week have you been happy or unhappy with the way you live your life?



For the DDA, LAH, and OAW destination cohorts, the percentage of "Happy" responses increased from baseline to Year 1 by 4, 16, and 15 percentage points, respectively.

Source: MFP Administrative Data

In Summary …

- The number of Medicaid recipients transitioning from institutions to the community has been increasing, even as use of institutional services has declined.
- Most individuals who transition to the community and use HCBS participate in a waiver program.
- On average, individuals who transition have a lower nursing facility level of care than those who do not.
- MFP participants have a longer average institutional stay than individuals who transition but do not participate in MFP.
- On average, Medicaid costs decline after individuals transition to the community.

Lessons Learned (or Relearned) …

- Breaking up metric development into bite-sized pieces was extremely helpful …
  - Stakeholders provided input from the very beginning, which enabled us to address issues that were not originally anticipated.
  - Answers **always** generated new questions.
- Even with the data sets available, many qualitative questions that were prompted from the analysis remained unanswered. For example:
  - What are the reasons qualifying individuals do not choose to transition under MFP?
- Data analysis can not only give insight to the general program population, but can also highlight subpopulations of interest (especially with a group as diverse as MFP participants).

Using Metrics to Move Forward

- Identifying people at risk of nursing home placement and intervening
  - Before transition to nursing home
  - At admission to nursing home
  - Upon hospital discharge
- Fully understanding the services and level of services needed for populations
- Continue to analyze cost comparisons and shifts from nursing home per capita
- Assure measurement of participant satisfaction through improved measurement tools
- Measure cost and satisfaction comparisons for pilot programs
- Develop ability to follow people across programs and measure interventions and outcomes

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