

Department of Medical Assistance Services



Unraveling the Mysteries of Medicaid Long Term Services and Supports



March 2014

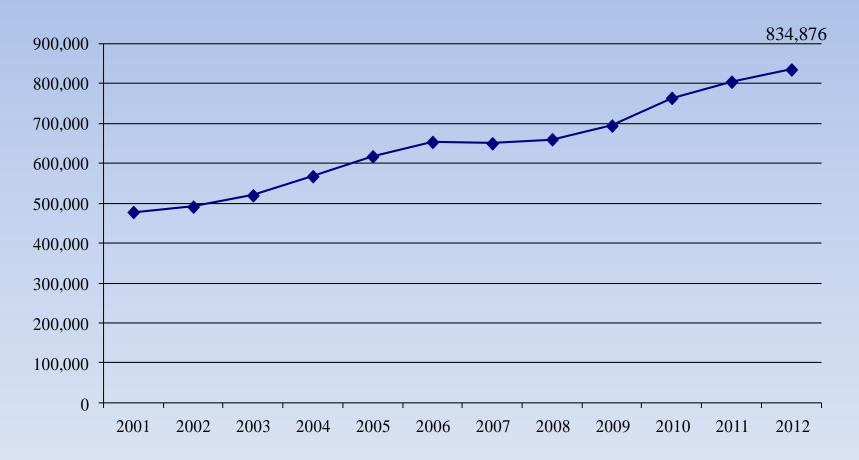
Medicaid Waivers,

MFP and CD

Today's Conversation

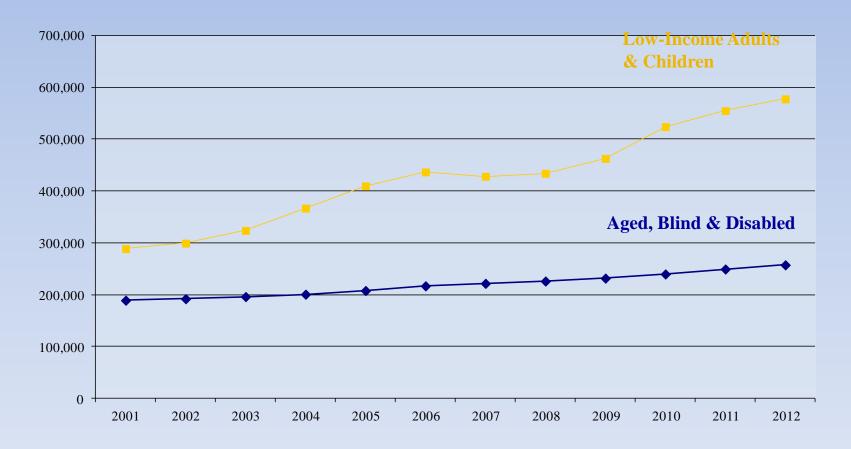
- Medicaid Dollars and Sense
- Current Long-Term Care
 - Medicaid and Waiver Eligibility
 - Waiver Elements
 - Waiver Services
 - Money Follows the Person
 - Consumer Direction
- The Future
 - Healthcare Reform
 - Dual Demonstration Project
 - Department of Justice Agreement

Medicaid Enrollment Trends: Total Population



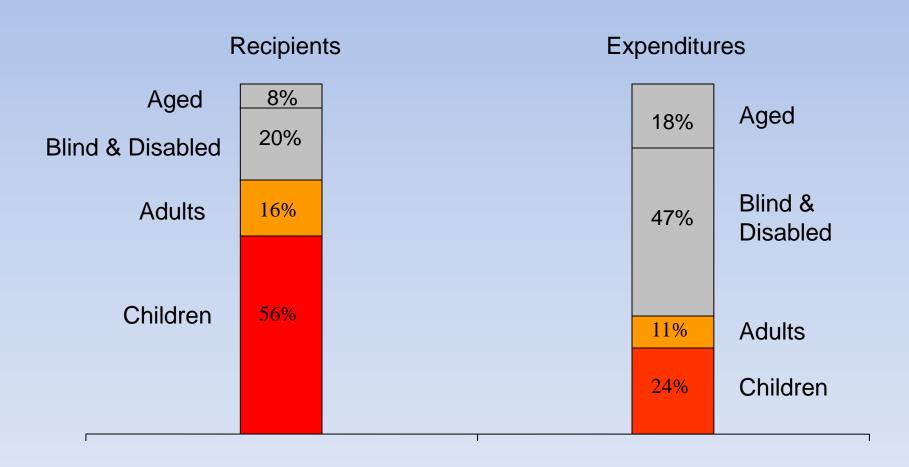
Notes: Average monthly enrollment in the Virginia Medicaid Program, as of the 1st of each month

Medicaid Enrollment Trends: by Category



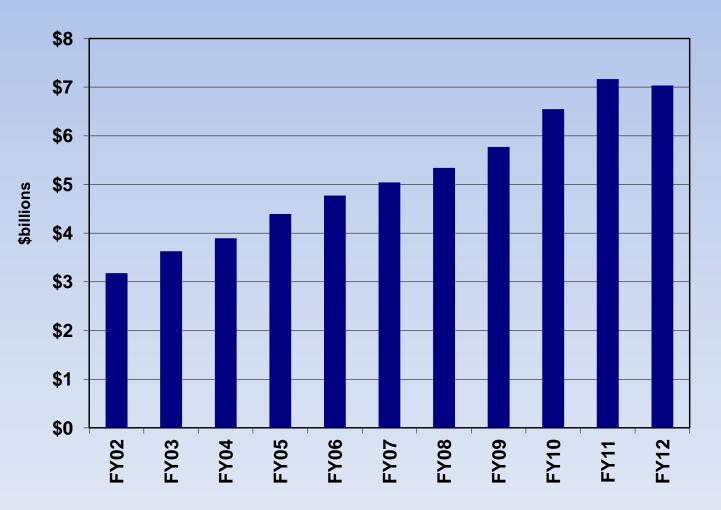
Notes: Average monthly enrollment in the Virginia Medicaid Program, as of the 1st of each month

Spending vs. Program



Notes: FY 2010 recipient and expenditure data

Virginia Medicaid Expenditures



Top Expenditure Drivers

- Enrollment Growth: Now provide coverage to over 400,000 more members than 10 years ago (80% increase)
- Growth in the cost of health care
- Specific Services:
 Significant growth in
 expenditures for Home &
 Community Based Long Term Care services and
 Community Behavioral
 Health services

Today's Conversation

- Medicaid Dollars and Sense
- Current Long-Term Care
 - Medicaid and Waiver Eligibility
 - Waiver Elements
 - Waiver Services
 - PACE
 - Money Follows the Person
 - Consumer Direction
- The Future
 - Healthcare Reform
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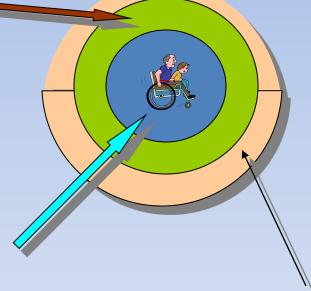
Long Term Care Medicaid Services

Medicaid State Plan Optional Services

Services available to all <u>Virginia Medicaid</u> Individuals (unique to Virginia)

Medicaid Mandatory State Plan Services

Services available to all <u>Medicaid</u>
Individuals



Services targeted to

Waiver Services

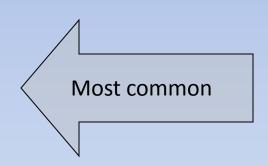
<u>qualified</u> <u>Virginia</u> <u>Medicaid</u> Individuals **Coordinated Care**



Who is Eligible for Medicaid?

Part one Financial:

- Medicaid Eligibility
 - Categorical Eligibility
 - Aged, blind, and disabled
 - Families with children
 - Recipients of cash assistance
 - Pregnant women and children
 - Low income Medicare
 - Beneficiaries
 - Financial Eligibility
 - After meeting a category, the individual must meet income and asset guidelines, as well as nonfinancial criteria.



Waiver Eligibility

Part two Functional:

- Waiver eligibility
 - Qualify for Medicaid; and
 - Meet specified LTC criteria according to a standardized LTC assessment instrument.
 - Meet age criteria
 - Meet diagnosis/need criteria
 - Meet alternate institution criteria
 - Uniform Assessment Instrument (UAI) for nursing facility level of care.
 - Level of Functioning (LOF) Survey for ICF/ID level of care.

Person Centered Approach Individual Choice

- Waiver must offer choice to all individuals
- Three levels of choice
 - Between Institution and Waiver
 - Between Agency or Consumer Directed Delivery.
 - If an individual chooses agency, they identify which agency provides the services
 - Between what services are wanted from which provider

Alternate Institutional Choice

<u>Waiver</u>	Alternate Institutional Placement
Alzheimer's Assisted Living	Nursing Facility
EDCD	Nursing Facility
Developmentally Disabled	Intermediate Care Facility for persons with Intellectual Disability ICF/ID)
Intellectual Disability	Intermediate Care Facility for persons with Intellectual Disability (ICF/ID)
Day Support	Intermediate Care Facility for persons with Intellectual Disability (ICF/ID)
Technology Assisted	Specialized Care in Nursing Facility for adult / Hospital for children

Waiver Services Community Based Waivers [1915 (c) Waivers]

- Elderly or Disabled with Consumer
 Direction Waiver
- Technology Assisted Waiver
- Intellectual Disability Waiver
- Individual and Family
 Developmental Disabilities
 Support Waiver (DD Waiver)
- Day Support Waiver
- Alzheimer's Waiver



February 2014

Slot/Wait List Summary	Enrollment *	Waiting List
EDCD	26,254	N/A
ID	9,144	6,556 **
DD	778	1,274
Tech	347	N/A
Day Support	243	6,556 **
Alz	38	N/A

- * Enrollment is at a point in time figure and subject to frequent changes.
- ** This is the same waiting list for services.

ID Waiver Services

Eligibility:

Under age 6 and at developmental risk. Above age 7 and diagnosis of ID (as defined in American Association on Intellectual and Developmental Disabilities (aaidd))

- Residential Support(Congregate, In–Home)
- Day Support
- Supported Employment
- Personal Assistance
- Respite Care (Agency / CD)
- Assistive Technology
- Environmental Modifications
- Medication Monitoring

- Prevocational Services
- Skilled Nursing Services
- Therapeutic Consultation
- PERS
- Companion (Agency / CD)
- Crisis Stabilization
- Crisis Supervision
- Transition Services

DD Waiver Services

Eligibility:

Individuals age 6 or older with diagnosis of Developmental Disability (not ID) as defined in American Association on Intellectual and Developmental Disabilities (aaidd)

- Adult companion services
- Assistive technology
- Crisis stabilization
- Crisis supervision
- Environmental modifications
- In-home residential support
 (The DD waiver does not pay for group homes.)
- Prevocational services
- Medication monitoring

- Companion care
- Day support
- Skilled nursing
- Supported employment
- Therapeutic consultation
- PERS
- Family/caregiver training
- Respite care (Agency/CD)
- Personal attendant services (Agency/CD)
- Transition services

Day Support Waiver Services

Eligibility:

Individuals with diagnosis of ID and are on the wait list for ID waiver

- Day Support
- Pre vocational Services
- Supported Employment



EDCD Waiver Services

Eligibility:

No age limit, meets nursing facility criteria

- Adult Day Health Care
- Personal Care (consumer and agency directed)
- Respite Care (consumer and agency-directed)
- Personal Emergency ResponseSystem and Medication Monitoring
- Transition Coordination
- Transition Services



The EDCD Option

Individuals can receive services in EDCD waiver while on wait list of another waiver



Individual must meet criteria for both waivers

Technology Assisted Waiver Services

Eligibility:

 Individuals with dependency on medical device(s) to replace a vital body function with ongoing skilled nursing

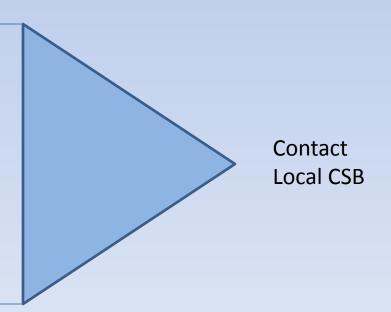
- Private Duty (Skilled Nursing)
- Respite Care
- Assistive Technology
- Personal Care for individuals over 21
- Environmental Modifications

Where do you begin services?

- Elderly or Disabled with
 Consumer Direction Waiver
- Technology Assisted Waiver

Contact Local DSS

- Intellectual Disability
 Waiver
- Individual and Family
 Developmental Disabilities
 Support Waiver (DD
 Waiver)
- Day Support Waiver



Waiv	ver	Alternate Institutional Placement	Eligibility	Initial Assessment	Pre Authoriz ation	Wait list	Quality Management Review	Technical Assistance
Alzh	neimer's	Nursing Facility	Diagnosis of ALZ. or related dementia (NO ID)	Dept. Soc. Serv. (UAI) or Hospital	DMAS	NO	DMAS	DMAS
EDC	CD CD	Nursing Facility	No age limit, meet nursing facility criteria	Dept. Soc. Serv. (UAI) or Hospital	KePRO	NO	DMAS	DMAS
	elopment- Disabled	Intermediate Care Facility for the Intellectually Disabled (ICF/IID)	Age 6 and above Diagnosis of Dev. Disability (NO ID)	Child Dev Clinic (LOF)	KePRO	YES	DMAS	DMAS
_	llectual ability	Intermediate Care Facility for the Intellectually Disabled (ICF/IID)	Under age 6 & at developmental risk Above age 7 and diagnosis of ID	Comm. Serv. Board (LOF)	DBHDS	YES	DMAS	DMAS
Day	Support	Intermediate Care Facility for the Intellectually Disabled (ICF/IID)	Diagnosis of ID & on ID waiver wait list	Comm. Serv. Board (LOF)	DBHDS	YES	DMAS	DMAS
Tech	n Assisted	Hospital for < age 21 Specialized care Nursing Facility for > age 21	Dependency on medical device to replace a vital body function with ongoing skilled nursing	Dept. Soc. Serv. (UAI) or Hospital	DMAS	NO	DMAS	DMAS

Money Follows The Person

Three Goals:

- Goal 1 Give individuals who live in inpatient institutions more informed choices and options about where they can live and receive services;
- Goal 2 Transition individuals from these institutions if they choose to live in the community; and
- Goal 3 Promote quality care through services that are person-centered, appropriate, and based on individual's needs.

Money Follows the Person

Three Main Components:

- A program that identifies individuals in institutions who wish to move back into the community and assists them with the transition process
- Assists states by providing an enhanced Medicaid match for individuals who transition from institutions into the community (75/25)
- Enhances community services to better support individuals who transition into the community

Who should be considered for MFP?

- Residents of the Commonwealth of Virginia;
- Individuals living in a long-term care institutional setting, defined as
 - Nursing Facility
 - Long-Stay Hospital,
 - Intermediate Care Facility for Individuals with Intellectual Disabilities and Related Conditions
 - Institutions for Mental Disease

Qualifying a Candidate

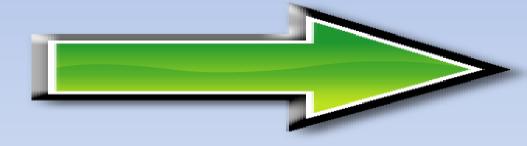
- Received Medicaid benefits for at least one (1) day prior to MFP enrollment.
- 90 days qualifying residential placement in Nursing Facility or Acute setting, ICF/DD, or IMD
- Move to a Qualified Residence
 - A home that is owned or leased by the individual or a family member
 - Apartment
 - Community Residential Facility in which no more than four unrelated individuals reside
 - Qualify and enrolled in a Home and Community Based Waiver Program or PACE

Transition Process

Stage 1 Stage 2 Stage 3







Planning Phase

Completed while in facility:

Discharge

Date

Implementation Phase

Completed after transition to living in community:

A total of 14 months

What are the MFP services?

Transition Coordination

- Transition Coordination is the management and coordination of the transition of a individual from the institution to the community
- Transition Coordination is provided by a Medicaid enrolled provider approved to provide the service.
- Transition Coordination is <u>exclusively</u> for the EDCD waiver. Case managers provide the services in the other waivers.
- Service Limits for Transition Coordination is limited to 14 months from date of authorization
 - 2 of these months may be during the time prior to facility discharge
 - Ongoing, active support for 12 months after discharge

Transition Service (Funding)

- Transition Service (funding) may be used to assist with household set-up expenses for items that are necessary and reasonable.
- Service limits
 - \$5000 per person (lifetime max)
 - Must be spent within 9 months from the authorization date
 - A <u>maximum</u> of 2 of these months may be during the time prior to facility discharge

Individuals Transitioned

	EDCD	ID	DD	TECH	PACE	HIV/AIDS	TOTALS
2008-2013 Transitioned to the Community through MFP	220	411	11	3	2	1	648

What is Consumer Direction

- Direct your own care.
 - Develop and maintain service plan with assistance of the Service Facilitator
 - Monitor changes in need
- Consumer becomes the employer
 - Consumer has IRS Employer Identification Number
 - Hire, train, manage, and fire (if necessary) personal assistant.
- Fiscal agent provides payroll services for employer (Public Partnerships, LLC)
 - Receives and processes timesheets per business rules
 - Produces and distributes payroll checks if timesheet submission meets business rules
- Service Authorization of all services (KePRO)
 - Receives and approves submitted services when compared to service limits

Available in the following waivers:

ID DD FDCD

CD Services & Supports

Eligibility:

 Individuals must meet waiver criteria. The individual or their designee (Employer of Record) must demonstrate their ability to manage decisions about their care needs and the business activity of employing and supervising employees.

Services:

- Personal assistance/care
- Respite care
- Companion care

Supports:

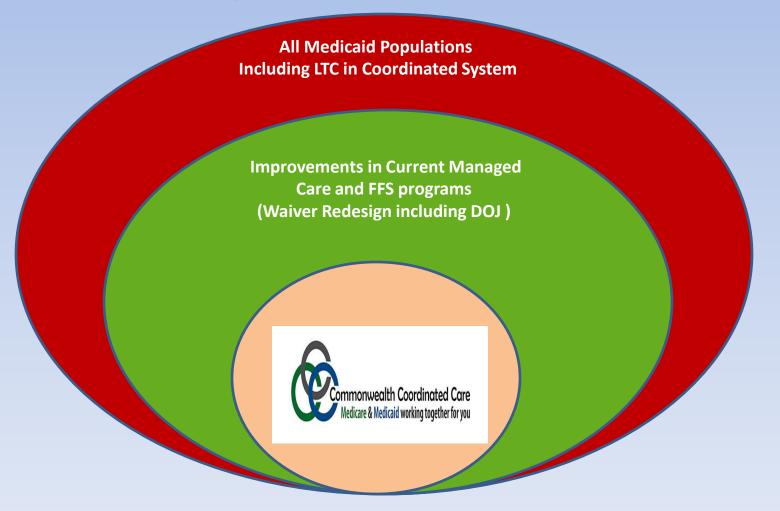
- Case Management / Care Coordination
- Service Facilitation / Training & Support
- Prior Authorization
- Fiscal Agent / Payroll supports

CD Services By Waiver

	IFDDS	EDCD	ID
Waiver Enrollment	778	26,256	9,144
Consumer Direction	546	11,335	1,583
% of CD use in waiver	70%	43%	17%

- Data as of February 28, 2014
- 13,713 Total CD enrollment
- 17,165 Total CD attendants

Three Aspects of Medicaid Reform

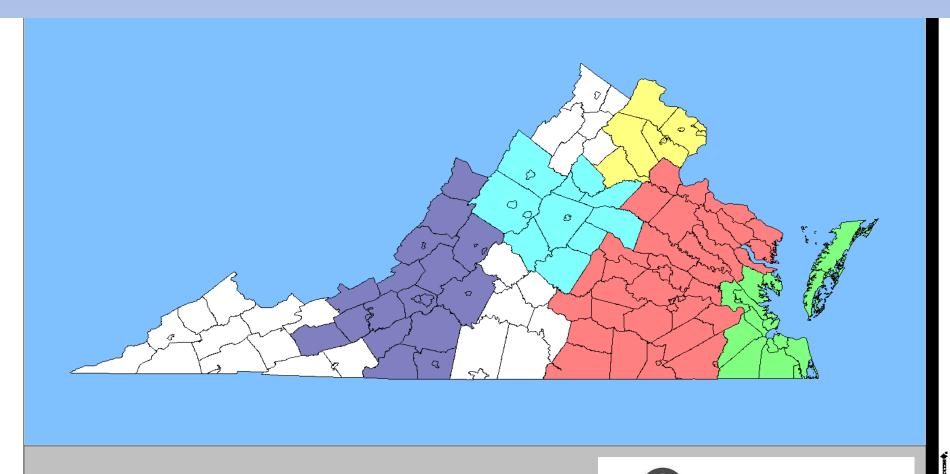


What is Integrated Care?

- Creates one accountable entity to coordinate delivery of primary/preventive, acute, behavioral, and long-term services and supports
- Promotes and measures improvements
- Promotes the use of home- and community-based behavioral and longterm services and supports
- Blends/aligns Medicare's and Medicaid's services and financing to streamline care and eliminate cost shifting
- Slows the rate of both Medicare and Medicaid cost growth
- Provides high-quality, patient-centered care for Medicare-Medicaid enrollees that is sensitive to their needs and preferences



Commonwealth Coordinated Care Regions





■ Northern Virginia

Roanoke

☐ Tidewater ☐ Western/Charlottesville

Department of Justice Settlement

- Virginia had two overarching goals:
 - To ensure the agreement results in the best possible outcomes for Virginians with ID and DD
 - To ensure the agreement is fiscally responsible

Four Main Areas of Settlement Agreement

Serving individuals with DD in the most integrated setting and building quality community-based alternatives for individuals, particularly individuals with complex needs Quality and risk management system, including monitoring and evaluating services, and implementing quality improvement processes at an individual, provider, and statewide level

Transitions from training centers

Supporting independent housing and employment options for individuals with DD

Shifting the Array of Services

More Integration and Options for Independence

Training
Centers,
Nursing
Facilities,
Community ICFs

Group Homes

Sponsored Residential **Family Home**

Individual's Own Home or Apartment

Current Array of Services

Future Array of Services

Details of the Settlement Agreement

- Key points
 - Completed by 2021
 - Target population
 - Individuals with DD (ID or DD) who meet any of the following:
 - Currently reside at any of the training centers;
 - Meet the criteria for the Intellectual Disability (ID) waiver or Developmental Disability (DD) waiver wait lists; or,
 - Currently reside in a nursing home or Intermediate Care Facility (ICF).
 - Closure of State Institutions for ICFID

Details (continued)

Increases in community services

- Community based housing options
- Crisis Support (Mobile teams and Crisis Support "center" (<6 beds)
- Improving discharge planning
- Improving Employment & Day Activities
- New Case Management Standards
- Licensure Inspections become more frequent
 - Quality focus with face to face interviews
- Establishing a Quality and Risk Management System
 - Incident reporting and tracking system

Details (continued)

- Increases in waiver slots
 - ID 2915
 - DD 450
 - Transition to Community 805
- Individual and Family Support Program
 - New program for up to 1,000 individuals per year who are not receiving ID or DD waiver services. (A DBHDS program)

Details (continued)

- Realignment of DD & ID waiver upon renewal
 - DD becomes a Supports waiver
 - ID becomes a Comprehensive waiver
- Realignment will include both DD & ID diagnosis under developmental disability
- Possibility of an additional waiver

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^{**} Operational Responsibilities for the ID and DS Waivers

Other sources of Information

- DMAS web site
 - http://www.dmas.virginia.gov
 - http://dmasva.dmas.virginia.gov/Content_atchs/ltc/ltc-wvr_mf2.pdf
- DBHDS website
 - http://www.dbhds.virginia.gov/
- Office of Intellectual Disability Supports (for ID & Day Support Waivers)
 - **-** 804-786-0580

A Basic Overview of Long Term Services and Supports

Any questions?