

IBM Watson Health

Balancing Long Term Services & Supports: Status and Strategies

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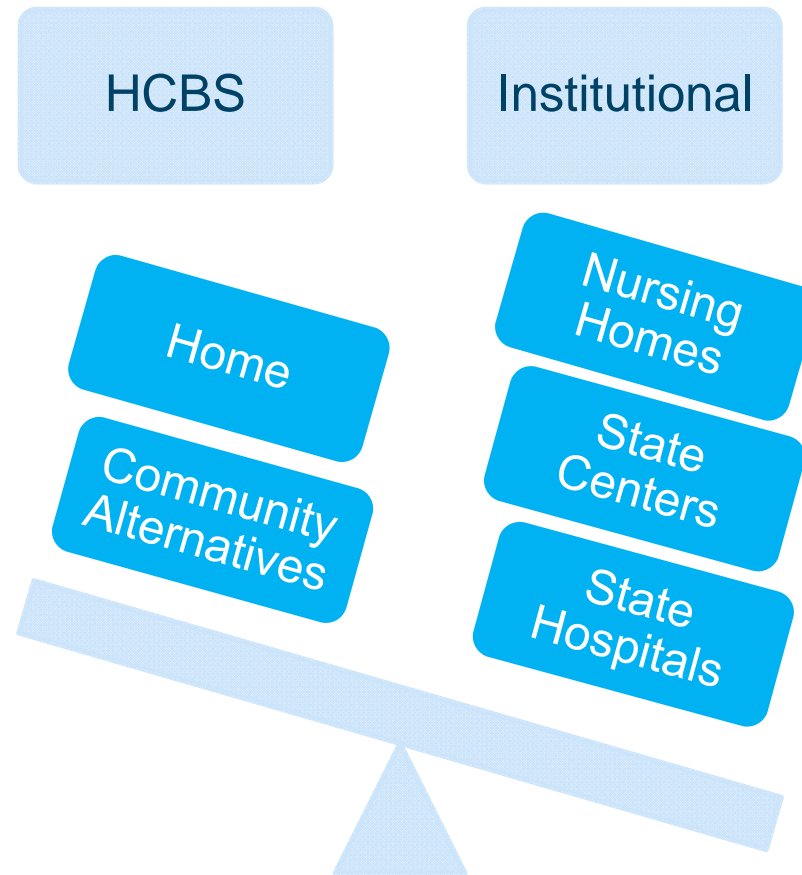
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Overview

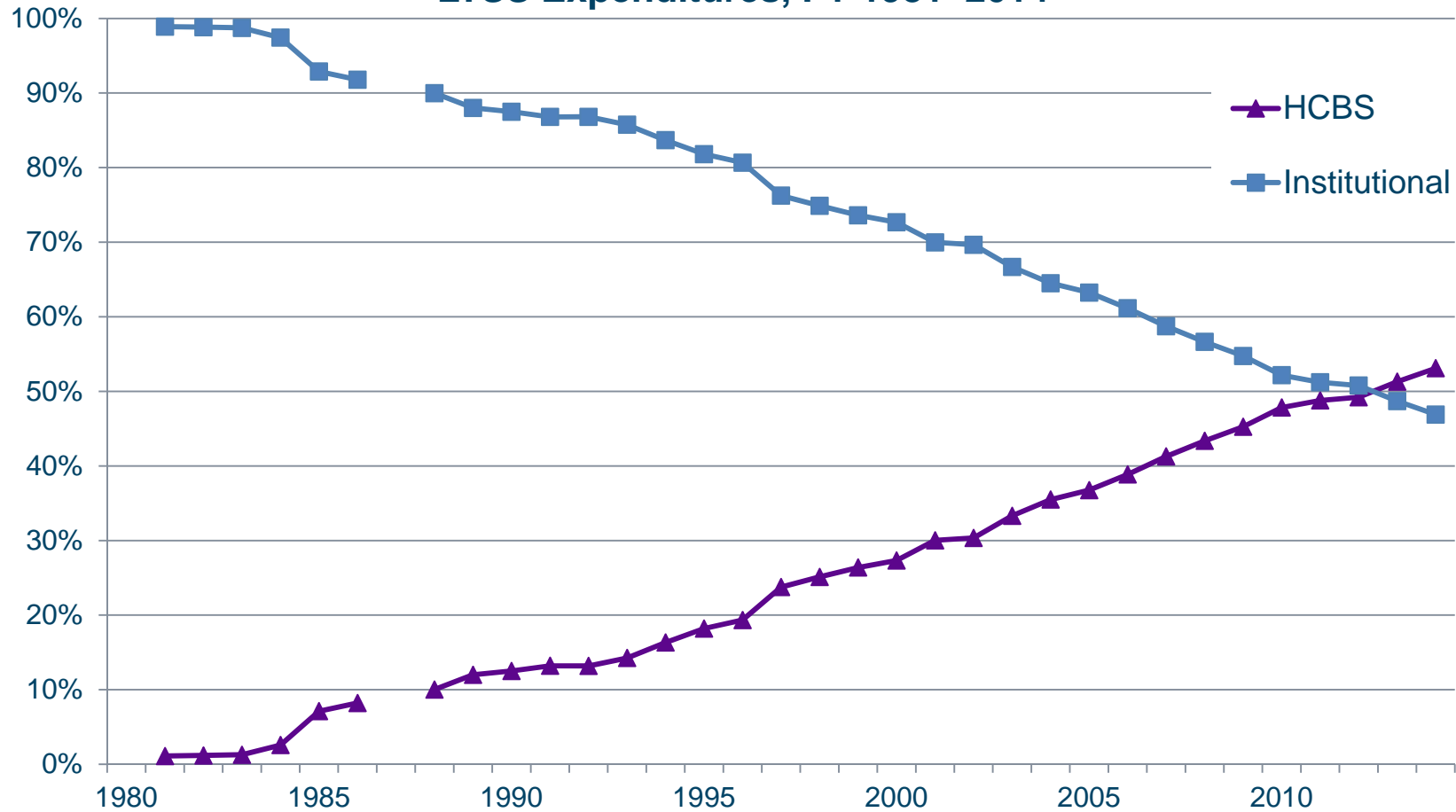
- What is system balance and how has it changed over time?
- Levers and challenges to achieving a more balanced system
- Future direction: from access to quality

Historically, most people were served, and most dollars spent, on institutional services.



Balance has shifted significantly since 1981

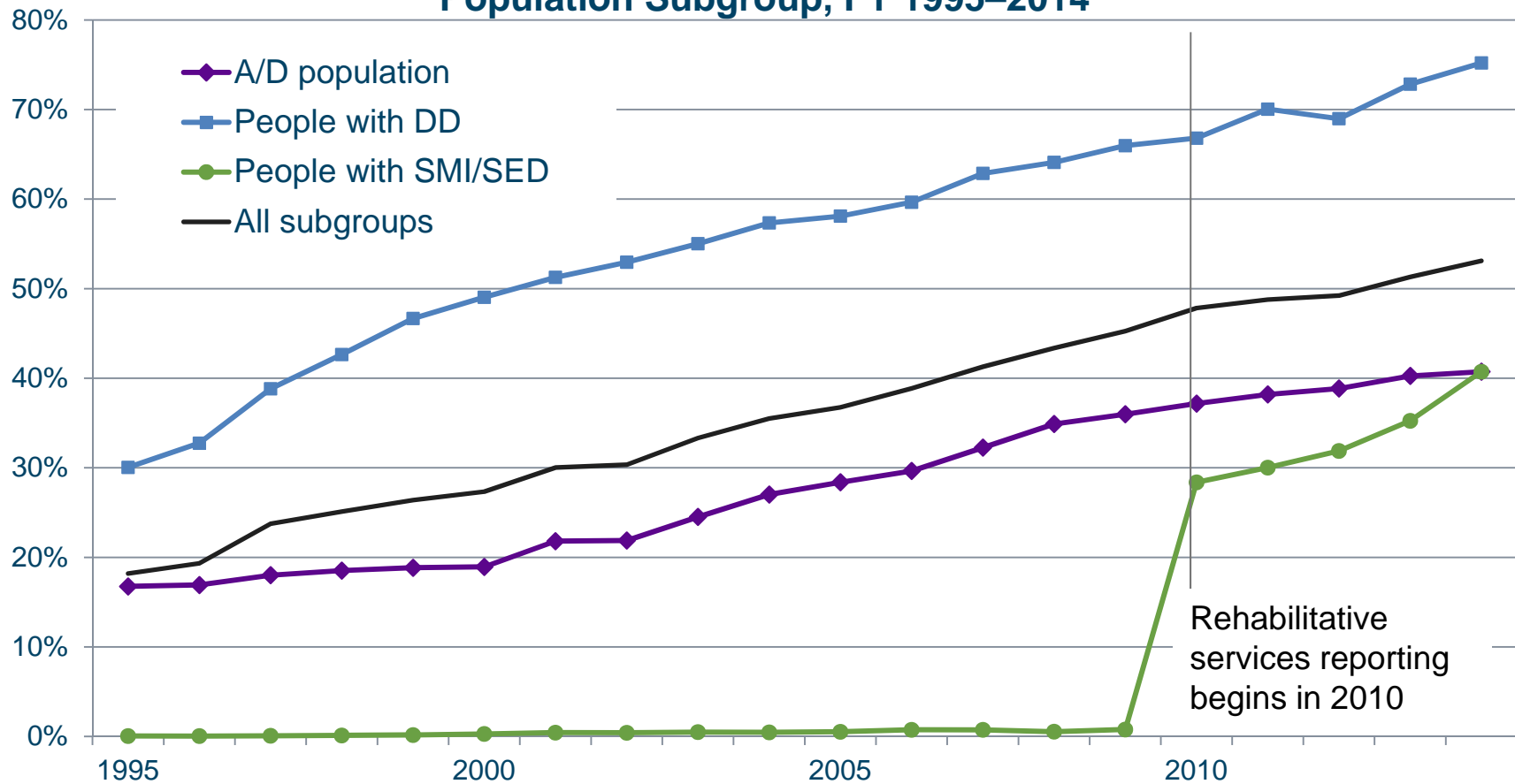
Medicaid HCBS and Institutional Expenditures as a Percentage of Total Medicaid LTSS Expenditures, FY 1981–2014



Source: Wenslow, Eiken and Sredl. *Improving the Balance: The Evolution of Medicaid Expenditures for Long-Term Services and Supports (LTSS), FY 1981-2014*. Prepared by Truven Health Analytics for CMS, 2016.

Balance Varies by Subgroup

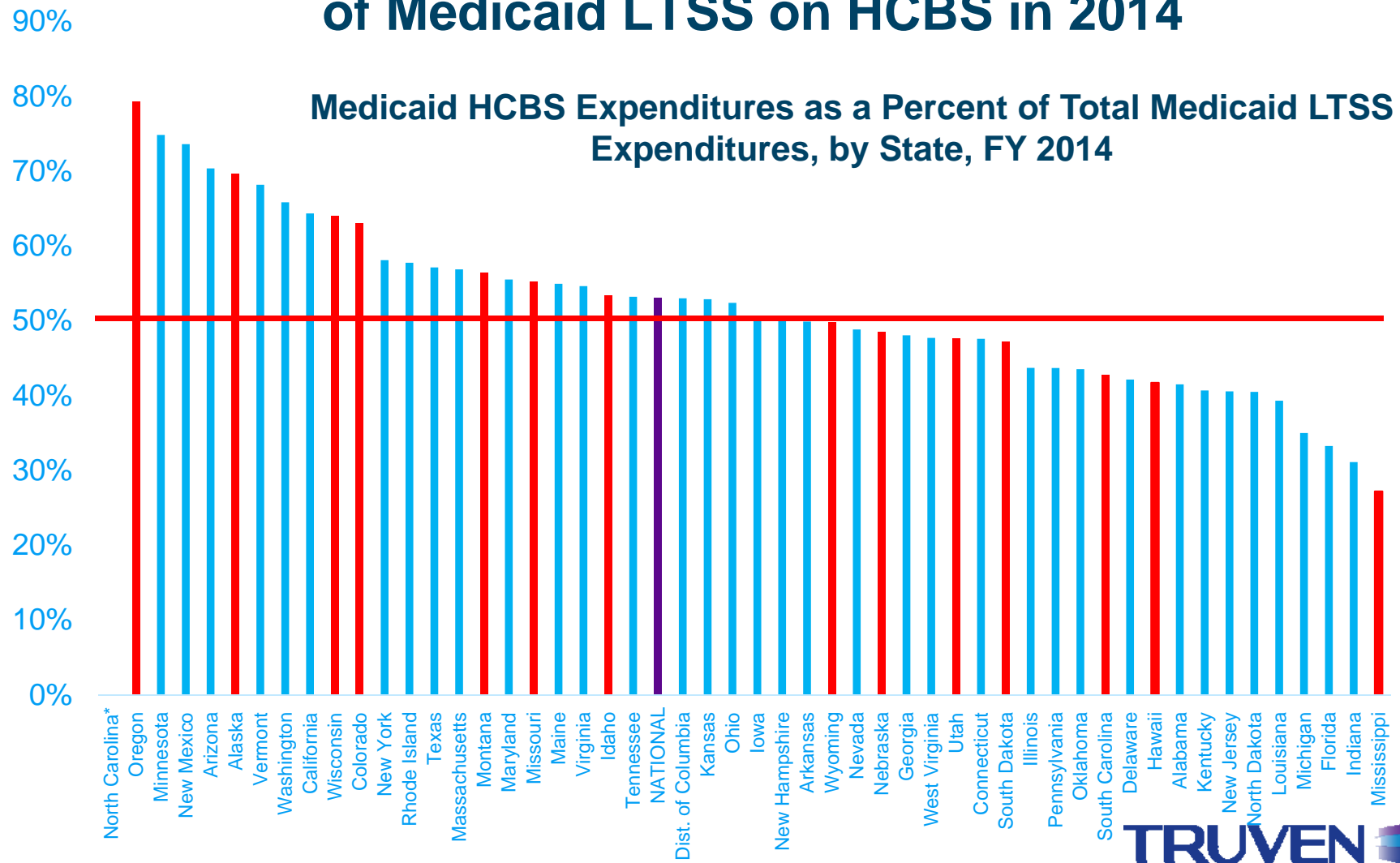
Medicaid HCBS Expenditures as a Percentage of Total Medicaid LTSS Expenditures, by Population Subgroup, FY 1995–2014



Rehabilitative services reporting begins in 2010

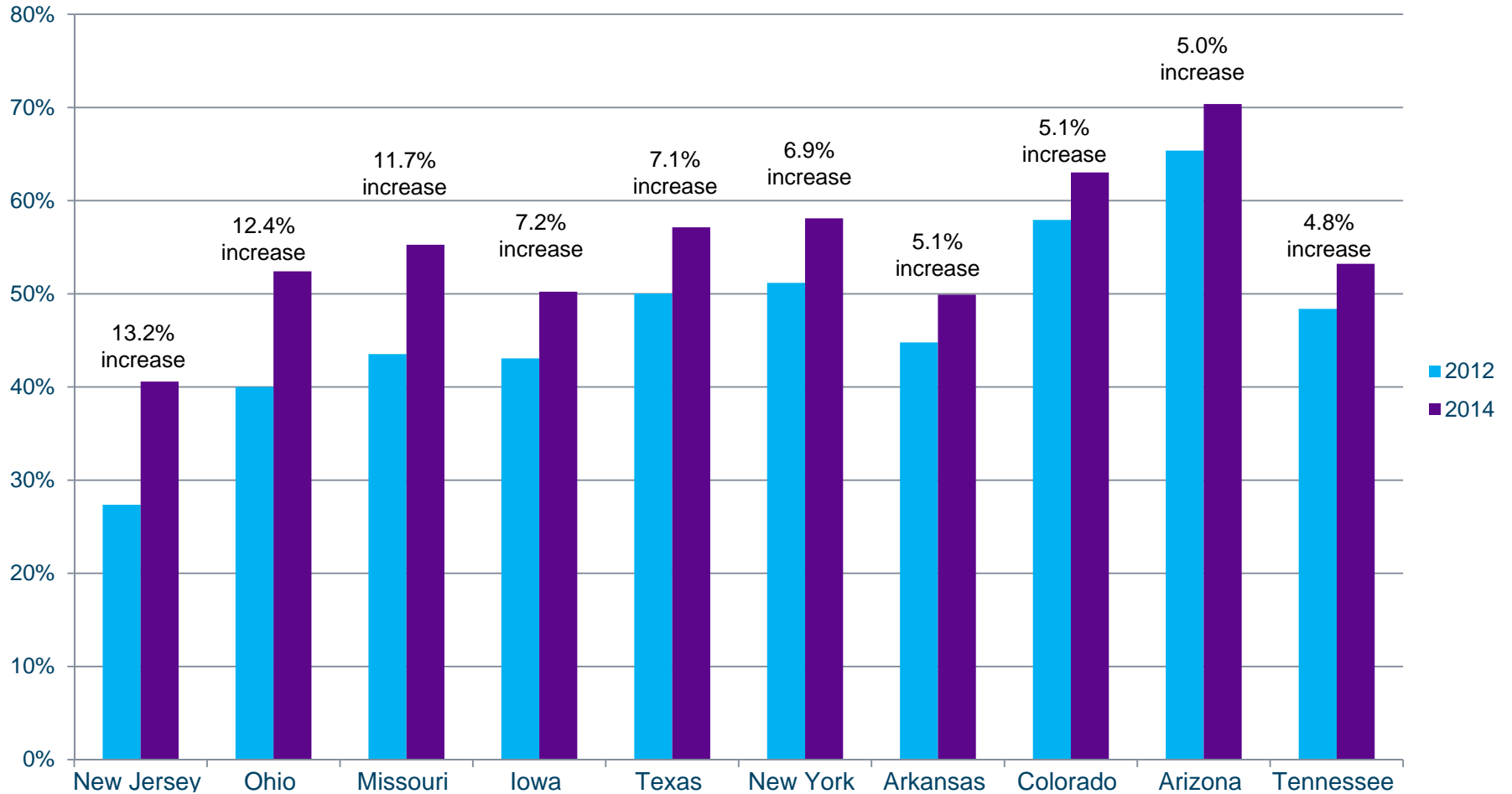
Source: Wenslow, Eiken and Sredl, 2016.

About Half the States Spent More than 50 Percent of Medicaid LTSS on HCBS in 2014



Source: Eiken et al. *Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2014*. Prepared by Truven Health Analytics for CMS, 2016.

Seven of Ten States with Greatest Percent Increase in HCBS Expenditures (FY 2012-14) were Balancing Incentive Program (BIP) States



Source: Eiken et al., 2016.

LEVERS AND CHALLENGES

Levers on Both Sides of Balance Ratio

Expand HCBS

- New or expanded HCBS
- Housing
- Integrated care
- Technology
- Workforce

Maintain or Reduce Institutional

- Closures or reductions of state institutions
- Money Follows the Person (MFP)
- Diversion
- Supply controls and incentives

Expand HCBS

Strategy	Levers	Challenges
New/expanded programs	<ul style="list-style-type: none"> • HCBS waiver programs (c) • State Plan HCBS (i, j, k, personal care option) • Balancing Incentives Program (BIP) 	<ul style="list-style-type: none"> • Funding • Administrative complexity • Housing • Workforce
Housing	<ul style="list-style-type: none"> • Collaboration with state and local housing orgs • Housing-related services • Assisted living services 	<ul style="list-style-type: none"> • Room and board • Scarcity of subsidies • Accessibility, adequacy • Competing opportunities

Expand HCBS (continued)

Strategy	Levers	Challenges
Integrated Care	<ul style="list-style-type: none"> • Within LTSS • With physical/behavioral health and Medicare • PACE • Blended rates • Accountable entity 	<ul style="list-style-type: none"> • Stakeholder resistance • State agency experience and turf • Development costs
Technology	<ul style="list-style-type: none"> • Telehealth • Electronic monitoring • Electronic records 	<ul style="list-style-type: none"> • Provider infrastructure • Lack of meaningful use incentives for LTSS
Workforce	<ul style="list-style-type: none"> • Education and training • Career options/levels 	<ul style="list-style-type: none"> • Wages and benefits • Status

Maintain or Reduce Institutional

Strategy	Levers	Challenges
Close or reduce state institutions	<ul style="list-style-type: none"> • Olmstead • Money Follows the Person • Expand HCBS 	<ul style="list-style-type: none"> • Stakeholder resistance • Insufficient HCBS capacity
Money Follows the Person	<ul style="list-style-type: none"> • Federal funding • MDS Section Q • Peer support 	<ul style="list-style-type: none"> • Nursing home resistance • Housing

Maintain or Reduce Institutional (continued)

Strategy	Levers	Challenges
<p>Diversion</p>	<ul style="list-style-type: none"> • Aging and Disability Resource Centers (ADRCs) • Universal choice counseling • Streamlined HCBS eligibility • Post-acute transition 	<ul style="list-style-type: none"> • Public awareness • Lack of connection to at-risk group • Relative speed/ease of NF admission v. HCBS • Hospital pressures
<p>Supply controls and incentives</p>	<ul style="list-style-type: none"> • Certificate of need • Bed banking • Medicare SNF certification 	<ul style="list-style-type: none"> • Nursing home resistance

FUTURE DIRECTION

From Any Community Option to Quality Options

Quality Measurement and Incentives

- Innovation Accelerator Program (IAP) Incentivizing Quality Outcomes
- HCBS CAHPS
- AARP Scorecard

Community Inclusion

- Settings Rule
- Person-centered services

Integration

- Social determinants of health
- ACOs
- Medicare-Medicaid
- MLTSS



Resources

Annual and historical reports on LTSS Medicaid expenditures:

<https://www.medicaid.gov/medicaid/ltss/reports-and-evaluations/index.html>

Innovation Accelerator Program resources on Housing and HCBS Quality Incentives: <https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/community-integration-ltss/ci-ltss.html>

HCBS CAHPS: <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/cahps-hcbs-survey/index.html>

Integrated Care: <http://www.integratedcareresourcecenter.com/>

LTSS Rebalancing Case Study - Background

- The Governor is considering Medicaid managed long-term services and supports (MLTSS) as a mechanism to meet a state goal: to advance rebalancing and shift HCBS spending from 30 to 40 percent of total LTSS spending over five years
- The Governor convenes a Task Force to vet this policy decision, consisting of you and several key stakeholders including:
 - » Nursing facilities
 - » Beneficiary advocates
 - » Current HCBS waiver providers
 - » Acute care Medicaid MCOs

LTSS Rebalancing Case Study - Activity

- Participate on Governor's Task Force charged with: developing one recommendation on whether—and why—Plutopia should or should not implement Medicaid MLTSS to encourage LTSS rebalancing
- Discuss and develop 1-4 talking points per question:
 1. What are your main arguments for or against MLTSS?
 - » Which arguments are most and least politically feasible?
 2. What are major concerns of the key stakeholder groups (described above any other others) and how do you address them?
 3. How can you ensure your platform is person-centered and focuses on beneficiaries first?
 4. What is your group's recommendation?