Friday Morning Collaborative Webinar

Balancing Incentive Program: Highlighting State Approaches and Progress

May 30, 2013
Friday Morning Collaborative

With support from The SCAN Foundation, NCOA leads a coalition of national aging and disability organizations working to protect and strengthen Home and Community-Based Services.

For more information about The SCAN Foundation visit: www.TheSCANFoundation.org
Friday Morning Collaborative

- American Association on Health and Disability
- American Association of People with Disabilities
- AARP
- Alliance for Retired Americans
- American Federation of State, County and Municipal Employees (AFSCME)
- American Network of Community Options and Resources
- The Arc of the United States
- Association of University Centers on Disabilities
- Alzheimer’s Association
- Balezon Center for Mental Health Law
- Center for Medicare Advocacy
- Community Catalyst
- Direct Care Alliance
- Disability Rights Education & Defense Fund
- Easter Seals
- Families USA
- Leading Age
- Lutheran Services in America
- National Association of Area Agencies on Aging
- National Association for Home Care and Hospice
- National Committee to Preserve Social Security and Medicare
- National Council on Aging
- National Council on Independent Living
- National Consumer Voice for Quality Long-Term Care
- National Disability Rights Network
- National Domestic Workers Alliance and Caring Across Generations
- National Health Law Program
- National PACE Association
- National Senior Citizens Law Center
- Paralyzed Veterans of America
- Paraprofessional Healthcare Institute
- Service Employees International Union
- United Spinal Association
- VNAA – Visiting Nurse Associations of America
• Can I get a copy of the Power Point?
• Will an Archive of the webinar be available?

YES! YES! YES!

• You will received copies in a follow up e-mail early next week. Please share wit others!

• www.ncoa.org/HCBSwebinars
Questions and Comments

All Lines Will Be Muted During the Call
To Ask A Question Use the Chat Function

We Will Take Live Questions at the End
Webinar Overview

• Introduction
  – Joe Caldwell (National Council on Aging)

• Speakers:
  – Marc S. Gold (Texas Department of Aging and Disability Services)
  – Satrina McDonald (Division of Disability & Rehabilitative Services, Indiana Family & Social Services Administration)
  – Theresa Valdes (MO HealthNet Division, Department of Social Services)

• Questions and Answers (20 – 30 minutes)
  – Joined by CMS Staff
Balancing Incentive Program

• Eligibility
  – States spending less than 50% of their total Medicaid LTSS expenditures on non-institutional LTSS (based on Fiscal Year 2009).
  – States spending between 25-50% are eligible for a 2% enhanced FMAP for these services.

• States must develop a work plan to rebalance and make the following structural changes:
  – No wrong door – single entry point system;
  – Conflict free case management; and
  – Core standardized assessment instruments.
Balancing Incentive Program

13 states approved
- Arkansas $61.1 Million
- Connecticut $68.5 Million
- Georgia $64.3 Million
- Indiana $84.9 Million
- Iowa $61.7 Million
- Louisiana $69.2 Million
- Maryland $106.3 Million
- Mississippi (5%) $68.4 Million
- Missouri $109.9 Million
- New Hampshire $26.4 Million
- New Jersey $110.1 Million
- New York $598.6 Million
- Texas $301.4 Million

3 states pending
- Illinois
- Maine
- Ohio
Balancing Incentive Program

- At least 20 other states are eligible
- Must apply by **August 1, 2014**
  (program runs through September 30, 2015)
- A total of $3 billion provided for the program
  (approximately $1.7 billion awarded so far)
Balancing Incentive Program

• For more information:  
  http://www.medicaid.gov

• Previous FMC webinar and estimates of what your state could receive:  
  www.ncoa.org/HCBSwebinars
Texas’ Balancing Incentive Program: Data Follows the Person

Marc S. Gold
Texas Department of Aging & Disability Services
May 30, 2013
Olmstead to BIP: Rebalancing

- 1985: First 1915 (c) waiver
- 1999: Texas embraces Olmstead: Promoting Independence Initiative
- 2001: Creates “Money Follows the Person” (MFP)
- 2003: Consolidation of Health and Human Services system
- 2006: Aging and Disability Resource Centers
- 2007 – National MFP Demonstration
- 1998-2012: Expansion of LTSS managed care
- 2012: Balancing Incentive Program (BIP)
Decision to Apply

- BIP determined state eligibility on data based on FY 2009: TX spent 46.9% which entitled the state to 2% EFMAP to enhance community long-term services and supports (LTSS).
- Analyzed:
  - components of BIP requirements
  - TX budgetary trends
  - TX LTSS policy trends.
- Constructed high-level white paper.
- Considered timeframes allowed for completion of projects.
Early Preparation

- Created unique website.
- Created a dedicated BIP email address.
- Held several stakeholder meetings: internal and external to solicit recommendations for the application and work plan.
- Worked with key legislative and Governor’s staff.
Partners and Scope of BIP

- Health and Human Services Commission: umbrella agency; Medicaid agency; operates managed care programs.
- Department of State Health Services: behavioral health (BH) operating agency.
- Department of Aging and Disability Services: LTSS operating agency.
- Department of Family and Protective Services: Child Protective Services/Adult Protective Services.
- Department of Assistive and Rehabilitative Services: vocational rehabilitation; sensory disabilities.
- All individuals with disabilities who are eligible for Medicaid LTSS regardless of age.
Application/Work plan Process

- Worked on application for five months: submitted June 29, 2012.
- Immediately began to develop work plan: continued to refine high-level white concept paper.
- CMS approval of application and amount of BIP award in September 2012: $301.5 million.
Work Plan

- Supports TX’ overall goals and strategic planning in relation to upcoming legislative session (January – May 2013).
- Pre-legislative proposals: significant ongoing movement to an integrated and comprehensive managed care system to serve all individuals with disabilities regardless of age.
- Movement to integrated IT systems and single-portals to access services.
- State determined that, except for minor adjustments, it met the Conflict-free Case Management and Comprehensive Assessment requirements.
Original Work Plan

Focus on No Wrong Door (NWD)/Single Entry Point (SEP):

- Statewide expansion of ADRC system
- Expansion of TX’ front door web-based portal: Your Texas Benefits (YTB)
- Development of an interactive Children’s with Special Needs website
- Development of interoperability of financial/functional eligibility systems
- Interchangeability of BH data.
Original Work Plan: Non-NWD

- Services: Community First Choice
- Electronic Life Record for individuals with intellectual and developmental disabilities (IDD)
- New comprehensive assessment for IDD programs
- Pilots to test movement to community managed care for IDD population
- Behavioral Intervention Teams
NWD: Data Follows the Person

- Heavy emphasis on “data follows the person”: providing infrastructure to support individuals going to one place, giving high-level information once, and having system data available.
- Reformat the ADRC website.
- Comprehensive new 800# system with statewide routing capability.
- Leveraging BIP activities with current 211 database to make system more comprehensive.
- Making the YTB a true single portal for health and human services.
- Interoperability of multiple functional/financial eligibility systems.
A Lot of Work! – Contractors!

- Contracting for several IT projects: initial analyses of system and development

- Principles:
  - to build a system for the next decade that will be flexible to respond to ever-changing legislative and federal policy direction
  - Consistent process across TX
  - Comprehensive I/R and options counseling
  - More efficient enrollment in community-based system
  - Transparency and real-time visibility of data
  - Secure privacy and confidentiality
IT System Features

- Single front-door portal which is self-service or with assistance (ADRC).
- Data warehousing.
- Messaging/reminders.
- Mutual storage and sharing of data (demographic and assessment) across enterprise.
- Integrity of data (ongoing quality improvement of system).
Beyond BIP: Transformative

- Greater cooperation across health and human services system – true “enterprise” system
- Looking at whole person and reducing “silo” mentality: impacting every aspect of service delivery.
- Exploring new technologies to support efforts into the next decade.
- Emphasis on overall quality of system/services to ensure an individual can remain in the community as long as possible.
- Developing extensive data base to make more precise evidence-based policy decisions.
- More productive experience for the individual and more efficient usage of staff support.
- Supporting goals of a comprehensive MC system.
Revised Work Plan

- Recent legislative session made some policy changes to the BIP work plan.
- Work plan is a “living document” and can be changed.
- Looking to refinance some of the projects and make additional adjustments.
- A revised work plan must be approved by CMS.
- Examples of legislative change:
  - Increased emphasis on resources spent on actual services.
  - Increased salaries for direct services workers.
  - Additional staff to monitor and enhance quality.
Contact Information

Marc S. Gold, TX Department of Aging and Disability Services
Special Advisor for Policy
Office of the Commissioner
512.438.2260
marc.gold@dads.state.tx.us
www.dads.state.tx.us/business/pi/index.html
Contact Information

Rebekah Falkner, TX Department of Aging and Disability Services
BIP Project Manager
512.438.4505
rebekah.falkner@dads.state.tx.us
Website Information

Balancing Incentive Program:  
http://www.dads.state.tx.us/providers/pi/bip/

Your Texas Benefits:  
https://www.yourtexasbenefits.com/ssp/SSPHome/ssphome.jsp

Aging and Disability Resource Centers:  
http://www.dads.state.tx.us/services/adrc/

Promoting Independence Initiative:  
http://www.dads.state.tx.us/providers/pi/

Money Follows the Person:  
http://www.dads.state.tx.us/providers/pi/mfpDemonstration/index.html
The Balancing Incentives Program: State of Indiana

Satrina McDonald, Director of Project Management
Division of Disability & Rehabilitative Services
Satrina.McDonald@fssa.in.gov
HISTORICAL CONTEXT

- **2007**: Fort Wayne State Developmental Center closed
  - Indiana became the largest state with no large public institutional settings
  - This shift created a significant impact on state spending, Medicaid and other funding sources

- **2011**: Section 144 of the 2011 House Enrolled Act (HEA) 1001
  1. Calculate budget neutrality on an individual rather than an aggregate basis
  2. Institute family care program to provide recipients with another option for receiving services
  3. Evaluate current system to determine most appropriate use of resources: supported group living (group home) or waiver
  4. Evaluate alternative placements for high cost individuals to ensure most integrated setting appropriate to the individual's needs within resources available to the state
  5. Redesign waiver to provide options to meet the individual's needs: cost effective, high quality, and focus on social and health outcomes
  6. Require cost participation in which family income exceeds five hundred percent (500%) of the federal income poverty level
HISTORICAL CONTEXT

Section 144 Initiatives

- Equal assessments: All individuals in SGL placement will receive objective assessments
  - The Inventory for Client & Agency Planning (ICAP) assessment
  - A new rate setting structure, based on these assessments.
  - Group home providers have the opportunity to voluntarily transition group homes into Waiver homes.

- Enhanced service definition with affixed higher rate that will enable pre-qualified providers to serve high-cost, high-needs individuals.

- Quality & Outcome Based Provider Reimbursement Methodology
  - Employee turnover
  - Acuity
  - Consumer Employment/School
  - Consumer Turnover

- Redesigned Waivers – Family Supports Waiver & Community Integration and Habilitation Waiver
HISTORICAL CONTEXT

INSTITUTE A FAMILY SUPPORTS WAIVER (FSW)

- Alter current Support Services Waiver (SSW) to create the FSW
  - Add Participant Assistance & Care (PAC)
  - Add case management as a service
  - Increased cap from $13,500 to $16,250
- No change in service delivery for current SSW participants
- Individuals on Wait List targeted for this waiver

- Wait List reduction strategy
INSTITUTE A COMMUNITY INTEGRATION & HABILITATION WAIVER (CIH)

- Combine current Autism (AUW) and Developmental Disabilities (DD) waivers and rename CIH.
  - Access is needs-based
  - Case management added as a service
  - No change in service delivery to current AUW or DD participants
HISTORICAL CONTEXT

BALANCING INCENTIVES PROGRAM

- 2012: Indiana applied for and received funds through BIP
  - Approximately 37% HCBS spending
  - October 1, 2012 – September 30, 2015, FMAP rate of 2% for non-institutional LTSS
  - $78 million award

- Continue current co-location pilot throughout the state at Aging and Disability Resource Centers (ADRCs) to enhance the No Wrong Door/Single Entry Point (NWD/SEP) model.

- Complete implementation of an integrated data system, which will support the State’s efforts to streamline the LTSS eligibility and assessment process and provide SEPs and community partners a broadly accessible database housing the Core Data Set as established through Core Standardized Assessment Tools, and

- Ensure that there are Conflict-Free Case Management Services, and remediate all case management arrangements and policies that do not align with the BIP principles.
INDIANA’S BIP PARTNERS

Family and Social Services Administration (FSSA)

Division of Aging (DA)
Division of Disability & Rehabilitative Services (DDRS)
Division of Mental Health & Addiction (DMHA)
Development of Program of All-Inclusive Care for the Elderly, with at least two organizations opening centers over the next eighteen months to two years.

Growth in home health utilization, primarily by populations served in the Aged and Disabled waiver and the Traumatic Brain Injury waiver.

Continued success in serving individuals in the Money Follows the Person Demonstration.
Division of Disability & Rehabilitative Services

- Target individuals from DDRS Medicaid waiver waitlist to be served through the Family Supports waiver.

- Invest in small group Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/ID) providers via grants to convert their group homes into Medicaid waiver homes, which will serve approximately 3,300 individuals through the Community Integration and Habilitation waiver.

- Transitioning approximately 500 current nursing facility residents, who are considered to be appropriate for community-based services, into LTSS through the Community Integration and Habilitation waiver.
• Implement 1915(i) state plan option for adults with serious mental illness requiring habilitation services to remain in the community.

• Continue to support individuals with serious mental illness or co-occurring (SMI/CA) disorders who transition into the community
  - July 1, 2012, DMHA redirected its distribution of carve-out funding for Assertive Community Treatment (ACT), State Operated Facility (SOF) agreements, and its Bed Buy Back program
  - Development of programs to implement recovery supports (e.g., housing, employment, medical, engagement and outreach, etc.)
  - To promote recovery and reduce the risk of readmission into state hospitals, DMHA proposes to utilize BIP funding to ensure programs, resources, and other supports exist within the community
MISSOURI BALANCING INCENTIVE PROGRAM

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MISSOURI BIP

- APPLICATION SUBMITTED MARCH 2012
  - Ability to conduct a self-assessment
  - Identify strengths
  - How to improve what already existed

- APPROVED BY CMS JUNE 2012

- WORKPLAN APPROVED BY CMS NOVEMBER 2012

- STAFFING
  - 1 part-time coordinator
  - Partner agency staff involved in MFP on an as needed basis
  - State IT staff
NO WRONG DOOR/SINGLE ENTRY POINT (NWD/SEP)

DEPARTMENT OF SOCIAL SERVICES
  • State Medicaid Agency

DEPARTMENT OF HEALTH & SENIOR SERVICES
  • Aging & Disability Services

DEPARTMENT OF MENTAL HEALTH
  • Developmental Disabilities
  • Behavioral Health
NO WRONG DOOR/SINGLE ENTRY POINT (NWD/SEP)

STANDARDIZED INFORMATIONAL MATERIAL

- "Cheat Sheet" for NWD/SEP staff
  - All community based LTSS in one document
  - Eligibility criteria
  - How to link individual with services

- Website
NO WRONG DOOR/SINGLE ENTRY POINT (NWD/SEP)

WEBSITE
Missouri Community Options & Resources (MOCOR)

- Pulls together all community based resources in Missouri
- Lets the public know what services are available
- Links to Medicaid application
- Automated Level I assessment
- Money Follows the Person
NO WRONG DOOR/SINGLE ENTRY POINT (NWD/SEP)

TOLL FREE PHONE NUMBER

- Automated call script
- Transfers caller to most appropriate NWD/SEP to serve needs
- Ability to talk with someone immediately
- Handle questions from individuals and providers
CORE STANDARDIZED ASSESSMENT

LEVEL I ASSESSMENT

- Automated
- Basic screening that results in referral to most appropriate NWD/SEP agency
  - Basic demographics
  - Medicaid eligibility
  - Service needs
  - Service population identified
LEVEL II ASSESSMENT

- 5 Different Assessment Groups
  - Aging/Disability - INTER RAI (HC)
  - HIV - Biopsychosocial Acuity Index, HIV LOC
  - Medically Fragile - Service Coordination Assessment
  - Developmental Disability - Supports Intensity Scale, Prioritization of Need Assessment, MOCABI/Vineland II
  - Behavioral Health (Mental Illness/ Substance Abuse) - DLA 20
CONFLICT FREE CASE MANAGEMENT

- No changes; protocols already in place
- Random sampling by state agencies
- Extensive oversight by the Missouri Medicaid Audit and Compliance Unit within the Department Of Social Services and 1915c waiver reviews by the MO HealthNet Division
DATA COLLECTION

SERVICE DATA
- MMIS
- Analyze services keeping people in the community

QUALITY DATA
- Adult Quality Grant

OUTCOME MEASURES
- National Core Indicators - DD
- Developing measures - Elderly, Disabled
USE OF BIP FUNDS

ALL FUNDS USED TO INCREASE ENROLLMENT IN 1915C WAIVER

- Partnership for Hope Waiver - 1100
- Missouri Children with Developmental Disabilities Waiver - 150
- Comprehensive Waiver - 166
- Adult Day Care Waiver - 1500

Structural changes funded by state revenues
MISSOURI BIP

For more information, feel free to contact:

THERESA VALDES
MISSOURI BIP COORDINATOR
573-526-8924
Theresa.Valdes@dss.mo.gov
Questions
Join to discuss what you learned today!

www.NCOACrossroads.org/HCBS

• Online community with over 800 aging and disability advocates across country interested in home and community-based services
  – Listserv and message board functions
  – Share information and resources with others
  – Post questions and discuss issues

• Please complete follow up survey