

# MAPOC

April 14, 2023

# Agenda

- Community Options – Innovation.
- Behavioral Health

# Rebalancing

# Overview: Community Options – Rebalancing Medicaid

Rationale	Brief national history	Key achievements
<ol style="list-style-type: none"> <li>1. Consumers overwhelmingly wish to have <b>meaningful choice</b> in how they receive needed long-term services and supports (LTSS)</li> <li>2. <b>Average per member per month costs</b> are less in the community</li> <li>3. In <i>Olmstead v. L.C.</i>, 527 U.S. 581 (1999), the Supreme Court held that title II prohibits the <b>unjustified segregation</b> of individuals with disabilities. <ol style="list-style-type: none"> <li>1. Medicaid must administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities</li> </ol> </li> </ol>	<p>1960s Medicaid – Required nursing home benefit</p> <p>1970s Medicaid – Optional personal care assistance</p> <p>1980s Medicaid – Optional 1915(c) waivers</p> <p>1999 – <i>Olmstead v. L.C.</i> 527 U.S.581</p> <p>2005 – Deficit Reduction Act <i>Authorized Money Follows the Person Optional 1915(i) benefit</i></p> <p>2010 – ACA <i>New eligibility group under 1915(i) Optional Community First Choice</i></p>	<p><b>Informed MACPAC report to Congress:</b> <a href="#">March 2022 Report to Congress on Medicaid and CHIP : MACPAC</a></p> <p><b>Recognized for national leadership:</b> <a href="#">2020 Affordability and Access Winner Connecticut – The SCAN Foundation</a></p> <p><b>Selected for NASHP best practice report:</b> Salom Teshale, Wendy Fox-Grage, Kitty Purington, (2022) “Paying Family Caregivers through Medicaid Consumer-Directed Programs: State Opportunities and Innovations” <a href="#">Paying Family Caregivers through Medicaid Consumer-Directed Programs: State Opportunities and Innovations - NASHP</a></p> <p><b>Selected for HUD best practice report:</b> Hiren Nisar, Dennis Okyere, Emily Brimsek, (2022) “Housing Search Assistance for Non-Elderly People with Disabilities: Draft Case Study of Connecticut’s Medicaid Money Follows the Person Program.” <i>Office of Policy Development and Research</i> <i>U.S. Department of Housing and Urban Development [Pending Publication]</i></p>

# Community Options: Primary Home and Community-Based (HCBS) Innovation Initiatives

	Operational			Pilot	In development		Operational redesign	
	<b>My Place CT</b>	<b>Community First Choice</b>	<b>Money Follows the Person Rebalancing Demonstration (MFP)</b>	<b>Value-Based Payment – HCBS</b>	<b>Supports at Home Option</b>	<b>Remote Live Community Hub</b>	<b>Connecticut Housing Engagement and Support Services</b>	<b>Universal Assessment</b>
Description	Web-based and Social Media project for information about long-term services and supports	Personal Care Attendant Services for people at institutional level of care	Transition from institution to community	Upside payments to HCBS providers who reach certain outcomes or goals	Long-term services and supports for people covered on the Medicare Savings Program	Local coordination of direct support, caregiver support and emergency back-up; integrated remote technology	Targeted Medicaid services to people who are homeless or homeless prior to nursing home stay coordinated with housing	Assessment tool used to determine an individual's needs used across multiple programs
Funding Primary	MFP	Medicaid	MFP	ARP 9817	American Rescue Plan Act Section 9817 (ARP-9817)	ARP 9817	Medicaid	Medicaid
Funding Secondary	None	MFP	Medicaid	Medicaid	None	Medicaid	MFP	MFP
Outcome: Improve Quality of Life	Increase access to information	Increase access to community supports	Increase % of people receiving HCBS relative to people receiving long-term services and supports	Increase member attainment of goals	Increase caregiver support for people with dementia	Increase independence	Decrease avoidable hospitalizations	Decrease disparity in budget allocation by member need
Evaluation	No	No	Yes	Yes	Yes	Yes	Yes	Yes

# Community Options: Primary HCBS Innovation Initiatives

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	My Place CT	Community First Choice	Money Follows the Person Rebalancing Demonstration (MFP)	Value-Based Payment – HCBS	Supports at Home Option	Remote Live Community Hub	Connecticut Housing Engagement and Support Services	Universal Assessment
Description	Web-based and Social Media project for information about long-term services and supports	Personal Care Attendant Services for people at institutional level of care	Transition from institution to community <i>Today's Focus</i>	Upside payments to HCBS providers who reach certain outcomes or goals	Long-term services and supports for people covered on the Medicare Savings Program	Local coordination of direct support, caregiver support and emergency back-up; integrated remote technology	Targeted Medicaid services to people who are homeless or homeless prior to nursing home stay coordinated with housing	Assessment tool used to determine an individual's needs used across multiple programs
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# Money Follows the Person Rebalancing Demonstration

# Money Follows the Person - overview

## Federal Goals

1. Increase home and community-based services (HCBS) and decrease institutionally-based services
2. Eliminate barriers that restrict people from receiving long-term services and supports in the settings of their choice
3. Strengthen the ability of Medicaid programs to provide HCBS to people who choose to transition out of institutions
4. Put procedures in place to provide quality assurance and improve HCBS

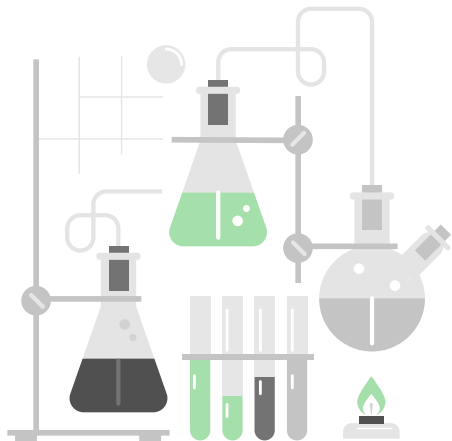
## Brief history

The Money Follows the Person Rebalancing Demonstration, created by Section 6071 of the Deficit Reduction Act of 2005, supports states' efforts to "rebalance" their long-term support systems so that individuals can choose where to live and receive services. States receive enhanced federal reimbursement. Connecticut was one of the first states to receive funding in 2007. Connecticut's initial goal was to transition 700 people from institutions to the community over 5 years. The goal was exceeded within 2 years of operation. **To date, Connecticut has transitioned over 7,000 people - more people per capita than any other state.**

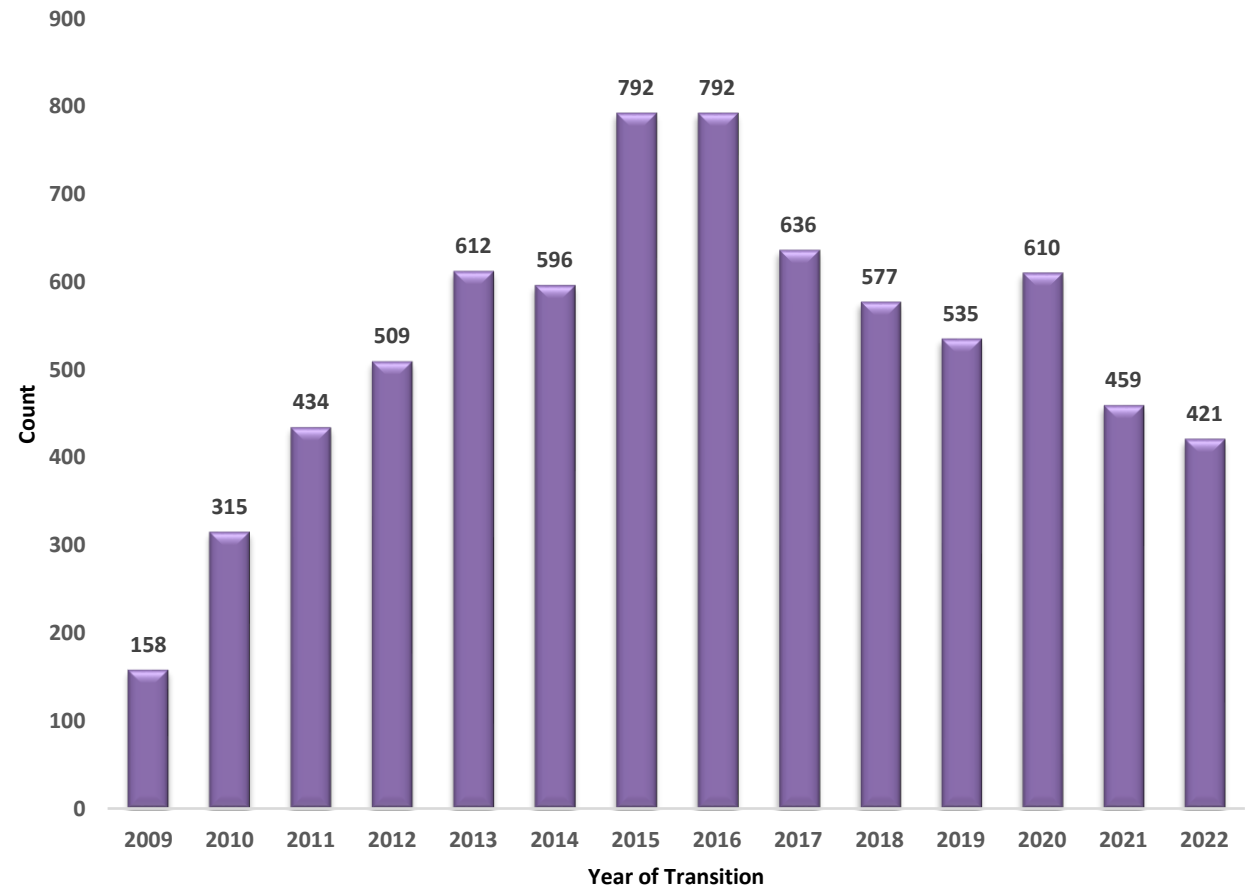


# Money Follows the Person Rebalancing Demonstration

**Over 7,000 People  
Transitioned to Community  
From January 2009 -  
December 2022**



## Total Number of Transitions by Year



MFP is a 'laboratory' for analysis of gaps in the HCBS continuum that prevent people from having a choice to remain in or return to the community after a nursing home stay.

# MFP attempts to address some of the key barriers that members face when remaining or moving into the community

Key challenge faced by members	Example of how MFP helps
(1). Service gaps	Workforce recruitment Informal caregiver support
(2). Physical health	Informed Risk Agreement
(3). Mental health	Substance use disorder demonstration services Informal caregiver training related to dementia
(4). Housing	Monthly training for housing coordinators Access to the rental assistance program
(5). Member engagement	Quarterly professional development on engagement strategies
(6). Financial issues	Dedicated eligibility staff assigned to each person in Money Follows the Person

Note: key challenges are based on data collected by field staff on each individual who participates in Money Follows the Person

## Claire's Story

As a child, Claire was diagnosed with Cerebral Palsy. For many years she lived in an apartment supported by the Department of Developmental Disabilities (DDS). In 2018, she became ill and was hospitalized. After hospitalization, she moved to a nursing home to continue rehabilitation. Unfortunately, rehabilitation did not go well for her. She remained in the nursing home long term and lost her apartment.

After transfer to a different nursing home, Claire's health and strength began to improve. Her DDS case manager told her about Money Follows the Person. Claire and her family were excited to know that a return to the community was once again possible.

Through MFP she received a new customized wheelchair and many other household goods such as toiletries, bedding, medical supplies/equipment, and groceries. In her new apartment, Claire and her roommate have a 24/7 PCA who helps them with activities of daily living activities and ensures that all their needs are met.

**Claire reports that she is happy and looking forward to what the future holds.**



# Value-Based Payment HCBS Providers

# Value Based Payment, HCBS Providers - overview

## Goals

Increase the number of people who receive services from a person-centered care team, guided by member's goals, with accountability for quality of service and choice of community services in lieu of institutionalization.

## Context / Rationale

Members report that health care systems, including home and community-based service systems, are fragmented. Information is not shared across all providers and members occasionally receive conflicting guidance. A value-based payment for all providers, aligned with member goals, can incentivize a team-based delivery system and improve member experience.

## What we're measuring

1. Reduce avoidable hospitalization
2. Reduce rate of hospital discharge to nursing home
3. Increase probability of return to community within 100 days of nursing home admission

# Value Based Payment – HCBS Providers

## Principles and Key Strategies

### Principles

- Person-centered
- Equitable delivery of service
- Choice regarding where people receive long-term services and supports
- Fair - achievable for all providers

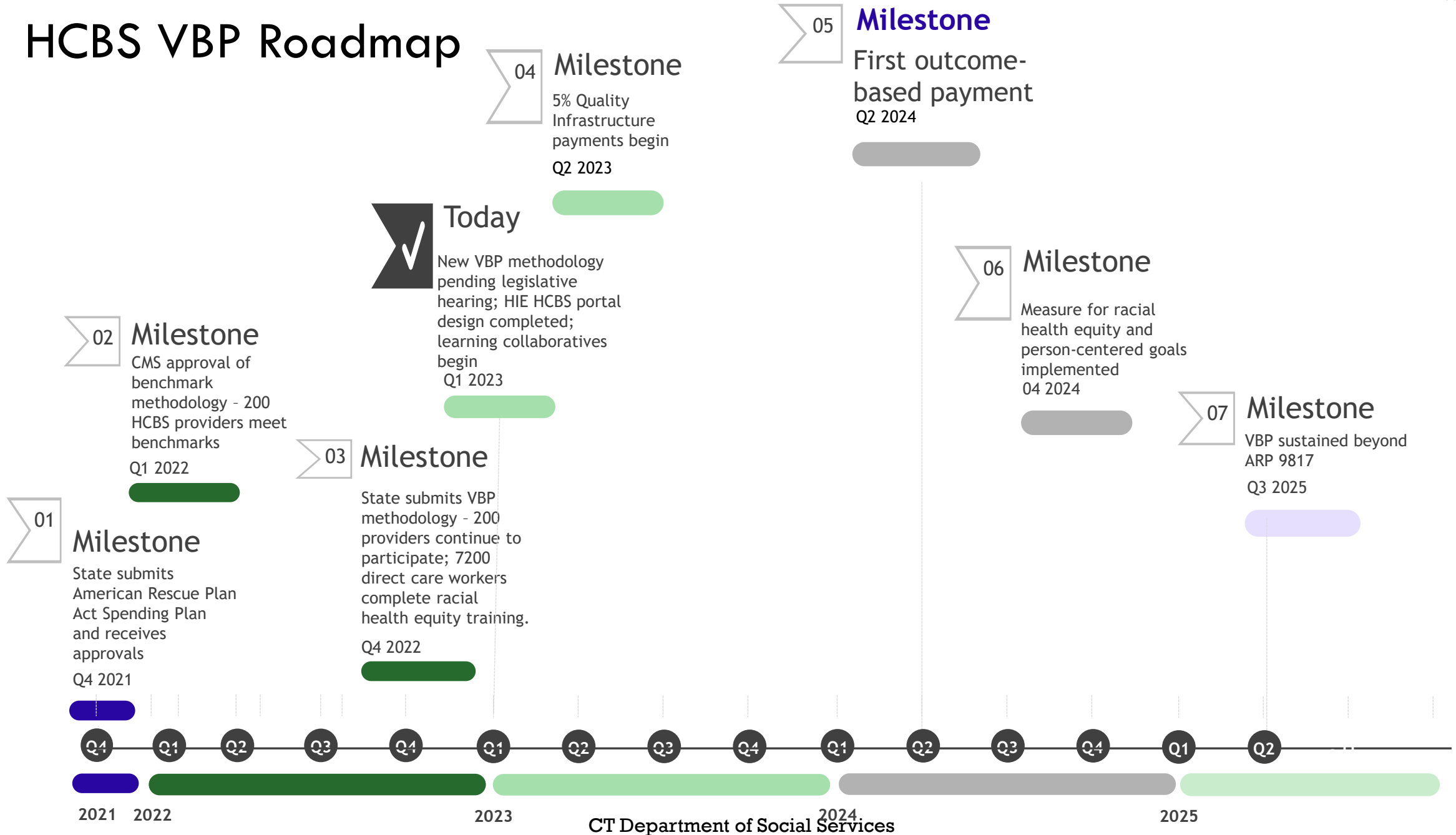
### Key Strategies

- Team based culture – delivery reform guided by goal
- Value based payment based on rebalancing metrics – HCBS Measure Set
- Benchmark ‘capacity building’ glide path
  - Direct care worker training
  - Participating in Health Information Exchange
  - Learning collaboratives
    - Racial equity
    - Meaningful use of data

# Value Based Payment – HCBS Providers Addressing Challenges in Existing System

	Challenges	HCBS VBP Design
Capacity	Lack of provider capacity to collect and use data	5% Quality Infrastructure Supplemental Payments
Standardization	Lack of standardized definition and measurement related to member (person-centered) goals	Implement training and measures National Committee for Quality Assurance (NCQA)
Data Sharing	Member data is not shared electronically across all healthcare systems	Member data shared across all providers who serve member within Connie
Measures	Lack of measures to ensure no disparity in delivery of service	Develop measure (Yale CORE) and integrate into outcome measures

# HCBS VBP Roadmap





# Behavioral Health