# Long Term Care Reform Workgroup

### December 8, 2011

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## Agenda

### Balancing Incentive Payments Program

- CMS Technical Assistance Updates
- Core Standardized Assessment

**Community First Choice** 

- CMS Technical Assistance Updates
- Implementation Council

Draft Legislative Report

**Next Steps** 

### **BIPP Updates**

- Submitted questions to CMS
- Received written feedback and participated in a conference call with CMS technical assistance contractors Human Services Research Institute (HSRI) and Mission Analytics

- Received CMS assurance that Maryland is eligible to apply for a 2% enhanced match based on the Federal Fiscal Year (FFY) 2009 LTSS spending percentages included in BIPP Application
  - Maryland's calculated percentage in the BIPP Application was 36.8%
  - Services included in this percentage are waiver programs (including DD waivers), home health and personal care expenditures.

- New FFY 2010 LTSS spending numbers were released in November that reflect Maryland at 52% of all LTSS spending in the community
- Difference between FFY09 and FFY10 data is the inclusion of Private Duty Nursing and Non-School Based Rehabilitation Services
- States can negotiate with CMS regarding which services to include in the calculation of LTSS spending in the community.

- All services included in the BIPP percentages
  - Are eligible to receive the 2% enhanced match
  - Must comply with BIPP provisions
    - Conflict-free case management
    - Standardized assessment instrument
- We are currently working with our Office of Finance to evaluate eligible services
- Will continue to seek technical assistance and guidance from CMS on the calculations

- 2% enhanced match
  - Effective beginning on the first day of the next full quarter after the application is approved
  - Can fund State staffing and administrative costs for the purposes of providing new or expanded offerings of HCBS

### **BIPP Updates - Other**

- Limited funding is available for the duration of BIPP through a competitive application process.
  - Maryland intends to apply early before \$3 billion investment is obligated to other states
- The Department will complete and submit an application with the expectation to begin receiving an enhanced match on HCBS services beginning April 1, 2012.
- Beginning discussions with partners regarding application submission (MDoA, DDA, MHA, DHR, MDOD)
- Stakeholder feedback on application and parameters of structural changes will be gathered through expanded Rebalancing: MFP/BIPP meetings

## **Rebalancing: MFP/BIPP Meeting**

January 10<sup>th</sup> Agenda

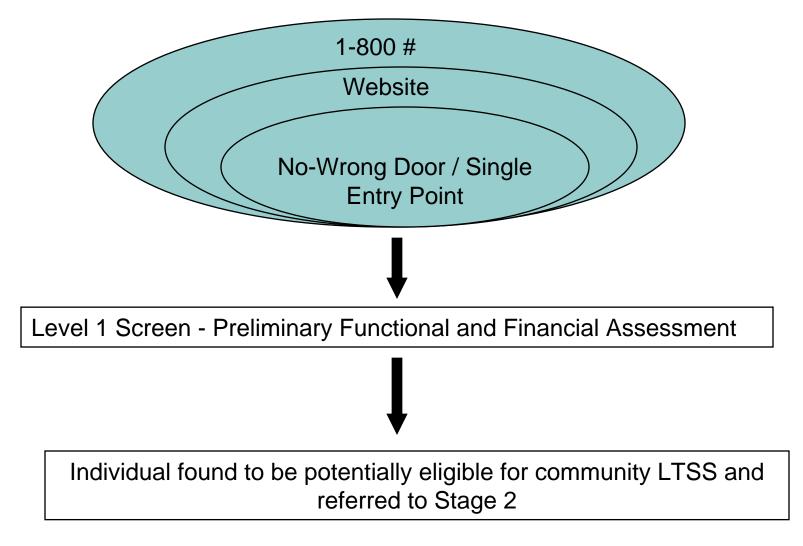
- Noon 1 p.m. MFP Topics
  - Operational Protocol Submission
  - Options Counseling and Peer Support Changes
- 1 p.m. 3 p.m. MFP/BIPP Shared Topics
  - Single Entry Point (Maryland Access Point)
  - Core Standardized Assessment
  - Conflict-Free Case Management
  - Updates on CFC

### **BIPP Assessment Requirements**

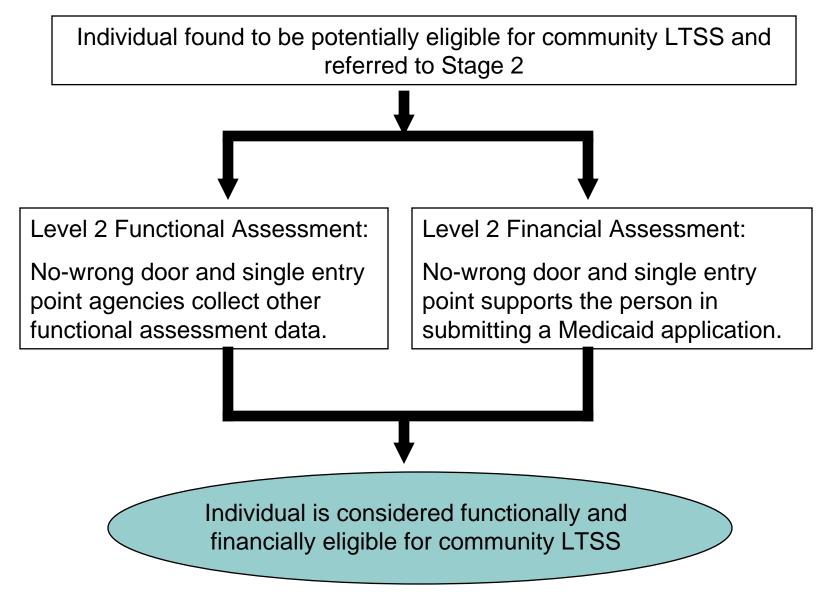
### Assessment data

- is captured Statewide for all populations seeking community LTSS.
- includes a Level I screen/Level II assessment process across populations.
  - Level I screen is available for completion in person or over the phone.
  - Level II assessment is completed in person, with the assistance of a qualified professional.
- is used to determine eligibility, identify support needs, and inform service planning.

### Stage 1 – Initial Entry Point / Level 1 Screen



### Stage 2: Streamlined Eligibility and Enrollment Process



### **BIPP Assessment Requirements**

- Required domains
  - Activities of Daily Living (ADLs)
  - Instrumental Activities of Daily Living (IADLs)
  - Cognitive function and memory/learning difficulties
  - Medical conditions
  - Behavior difficulties

#### Figure 4-4: Core Dataset: Required Domains and Topics for a CSA

#### Background Information

#### 1. Activities of Daily Living

Eating	Mobility (in/out of home)
Bathing	Positioning
Dressing	Transferring
Hygiene	Communicating
Toileting	

2. Instrumental Activities of Daily Living (not required for children)

Preparing Meals	Housework
Shopping	Managing Money
Transportation	Telephone Use
Managing Medications	Employment

#### 3. Medical Conditions/Diagnoses

#### Cognitive Function and Memory/Learning

Cognitive Function Judgment/Decision-Making Memory/Learning

#### 5. Behavior Concerns

Injurious Destructive Socially Offensive Uncooperative Other Serious

#### **Financial Information**

### **BIPP Assessment Recommendations**

- Test assessment tools for validity and reliability
- Automate the assessment process
- Evaluate the quality and utility of data collected
- Ensure the assessment
  - Determines eligibility
  - Summarizes an individual's strengths and support needs.
  - Utilizes a strengths or support-based approach
  - Balances the need for data with ease of use
  - Is culturally competent
  - Considers family/caregiver needs
- Involve stakeholders in the design

### **BIPP Updates - Assessment**

- CMS evaluated 23 instruments as detailed in the BIPP Manual
- Eight of those instruments covered the majority of the required BIPP domains
  - Several of the eight comprehensive assessments were based on the Minimum Data Set for Home Care (MDS-HC) but customized for individual states
- Three assessments were identified as most closely matching the BIPP standards for use across populations
  - Minimum Data Set for Home Care (MDS-HC)
  - Minnesota MnCHOICES
  - Supports Intensity Scale (SIS)

### **BIPP Updates - Assessment**

- These three assessments will be reviewed against the BIPP recommended standards
  - Validity and reliability
  - Ability to automate the assessment process
  - Ability to incorporate the Level I and II screens
  - Quality and utility of data collected
- The optimal assessment will require the least customization and will be the most acceptable to CMS.
- Findings will be presented and discussed in more depth at the upcoming stakeholder meetings on December 12<sup>th</sup> and 15th

## **Community First Choice**

- The Department submitted questions to CMS in early November.
- Technical Assistance provided on November 21, 2011.
- CMS made aware of Maryland's intent for the program and clarified details.
- Final regulations are in clearance at CMS but is not available for publication at this time.
  - No updates are available regarding level of care requirements for participation

### Clarifications

- Eligibility
  - CMS confirmed that CFC does not create a new eligibility category.
  - CFC participants must meet current eligibility levels.
  - Waiver participants are eligible to receive CFC State Plan services.
- Self-Direction
  - CMS recommended Maryland review states currently implementing 1915(j) State Plan services regarding selfdirection.
  - Under self-direction, there are no federal restrictions on family providers prescribed in current guidance.
  - States may restrict providers of self-directed services.
  - Maryland regulations in State Plan MAPC currently exclude spouses, parents of dependent children, and other legally responsible adults from allowable providers

### **Services**

- Only the services listed in the proposed regulation are allowable under CFC.
- Certain administrative functions are also eligible for the increased match, such as nurse monitoring, case management, and fiscal intermediary services.
- "Services that increase or substitute for human assistance" can include goods and services as noted in State Medicaid Director's letter on November 19, 2009.
  - Goods and services must relate to identified goals and needs within the person's plan of care.
  - For example, small kitchen appliances (such as microwave ovens) and home modifications (such as accessibility ramps).

### **Implementation Council**

- Council Nominations are now closed. We received nominations for
  - Medicaid Participants
  - Paid Providers
  - Advocates
  - State and County Staff
- Consumers or their representatives must make up a majority of the implementation council.
- We are currently reviewing applications and will conduct brief phone interviews with certain applicants.
- Council membership will be announced by January 1<sup>st</sup>.
- Additional stakeholders will be able to provide feedback by participating in meetings during public comment sessions.

### **Draft Legislative Report**

Comments and discussion

### **Next Steps**

- Public Stakeholder Meetings on the Core Standardized Assessment
  - December 12 or 15, 2011 at DHMH, Room L3 from 1 p.m. to 4 p.m.
    - The same content and agenda will be covered in each meeting
  - See flyer for call-in and web conference options.
- Rebalancing: MFP and BIPP Joint Meeting
  - January 10, 2012 at DHMH, Room L3 from noon to 3 p.m.
- The first Community First Choice Implementation Council meeting will be held in January after members are contacted for their availability.