Reform 2020: Pathways to Independence

July 10, 2012

Current Environment for Reform

- Minnesota is building on a history of improvements to the system to address core values
  - Community integration
  - Person-centered services
  - Self-direction and choice
  - Independence and recovery
  - Individual planning
  - Quality outcomes

Current Environment for Reform, Cont.

- Changing demographics and economic pressures put future of current system at risk of not being sustainable

- Opportunities have arisen at the federal level to support innovation and reform at the state level

VALUES AND VISION

- Achieve better health outcomes
- Simplify administration of the program and access to the program
- Long Term Services and Supports (LTSS) support people in having a meaningful life at all stages of life, according to their own goals, providing opportunities to make meaningful contributions, and built upon what is important to them.
- Minnesota's long-term supports and services system is flexible, responsive and accessible by people who have an assessed need for LTSS.
- The Medicaid program and LTSS system are well- managed to ensure its sustainability in order to be available to those who need it in the future.

STAGES FOR THIS PHASE OF REFORM

- 1115 Reform Submission Part 1:
  - Nursing Facility Level of Care submitted February 13, 2012
- Duals financial integration model application
  - Submitted April 26, 2012
- 1115 Reform Submission Part 2:
  - To be submitted summer 2012
- Additional Reform Initiatives:
  - Current and Proposed

1115 REFORM SUBMISSION, PART 1: SUBMITTED FEBRUARY 2012

- Nursing Facility Level of Care

Submitted to Centers for Medicare and Medicaid Services (CMS) February 13, 2012. Seeks federal authority for the following:

1) Permission to implement the 2009 Nursing Facility Level of Care Criteria

2) Federal matching funds for Alternative Care (AC)

3) Federal matching funds for expanded version of Essential Community Supports (ECS). Proposes to serve:

   a) MA ineligible seniors (65+)

   b) Transition group: individuals of any age who were receiving LTC services under MA and lose eligibility for those services

1115 REFORM SUBMISSION, PART 2: SUMMER 2012

- Accountable Care Demonstration
- Community First Services and Supports
- Demonstration of Innovative Approaches to Service Coordination
- Expanding Access to Transition Support
- Work: Empower & Encourage Independence
- Housing Stability Services Demonstration
- PATH Critical Time Intervention Pilot
- Anoka Metro Regional Treatment Center Demonstration

ACCOUNTABLE CARE DEMONSTRATION: CURRENT INITIATIVES

- Health Care Homes
- Health Care Delivery Systems
  - Nine provider organizations
  - Passive attribution
  - Shared savings and shared risk (2015)
  - Implementation January 1, 2013
- Hennepin Health
  - MA Adults without Children
  - County administered
  - Default assignment
  - Integrate medical, behavioral health, and social services
  - Implementation January 1, 2012
- Duals Demo - Integrated Care System Partnerships

ACCOUNTABLE CARE DEMONSTRATION

- Contracting with provider entities for the total cost of care.
  - Adjust incentives to support robust primary care, improve care coordination, promote better outcomes, and lower costs.
  - Facilitate data sharing between state and providers
  - Increased integration of health care, social services and public health systems

Other Health Care Reform Initiatives

- Adults without children eligibility changes
  - Asset test for MA adults without children
  - Re-establish 180 residency requirement for MNCare adults without children
- Diabetes Prevention Program expansion
- Encourage use of cost-effective care – PPG

GOALS OF HCBS REDESIGN

1)Better Individual Outcomes

- Better outcomes for people who currently have high costs and cross-system needs that aren't well-managed
- Better-informed individual decision-making about LTSS options
- Promotion of person-centered planning - life-long and crisis
- Improved transitions between settings and programs
- Recognize and address the social determinants of health care need and cost

GOALS OF HCBS REDESIGN, CONT.

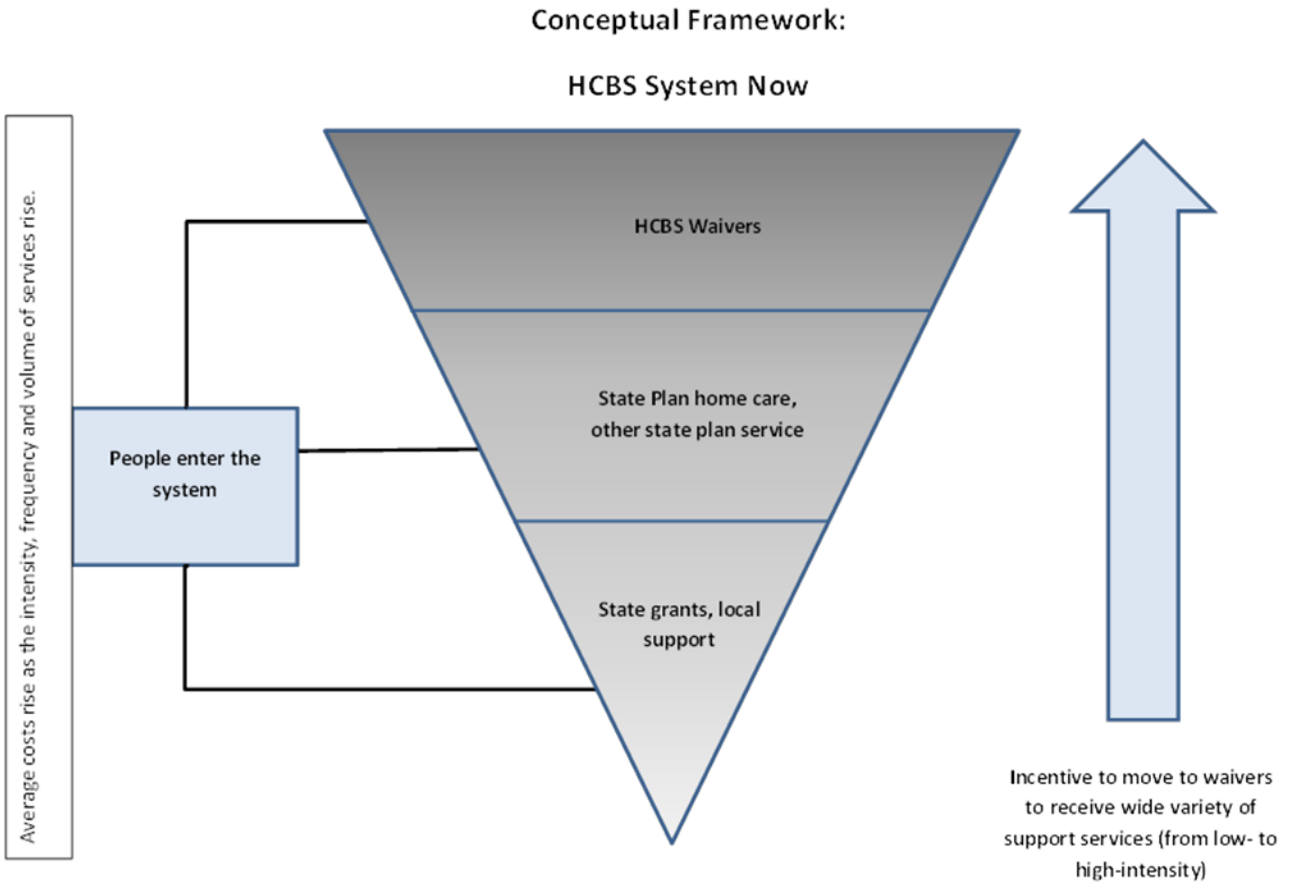
2) Right Service at the Right Time

- Low-cost, high-impact services reach people earlier
- Decreased reliance on more costly services
- HCBS, not institutional care, is the entitlement

3) Ensuring the Future of LTSS

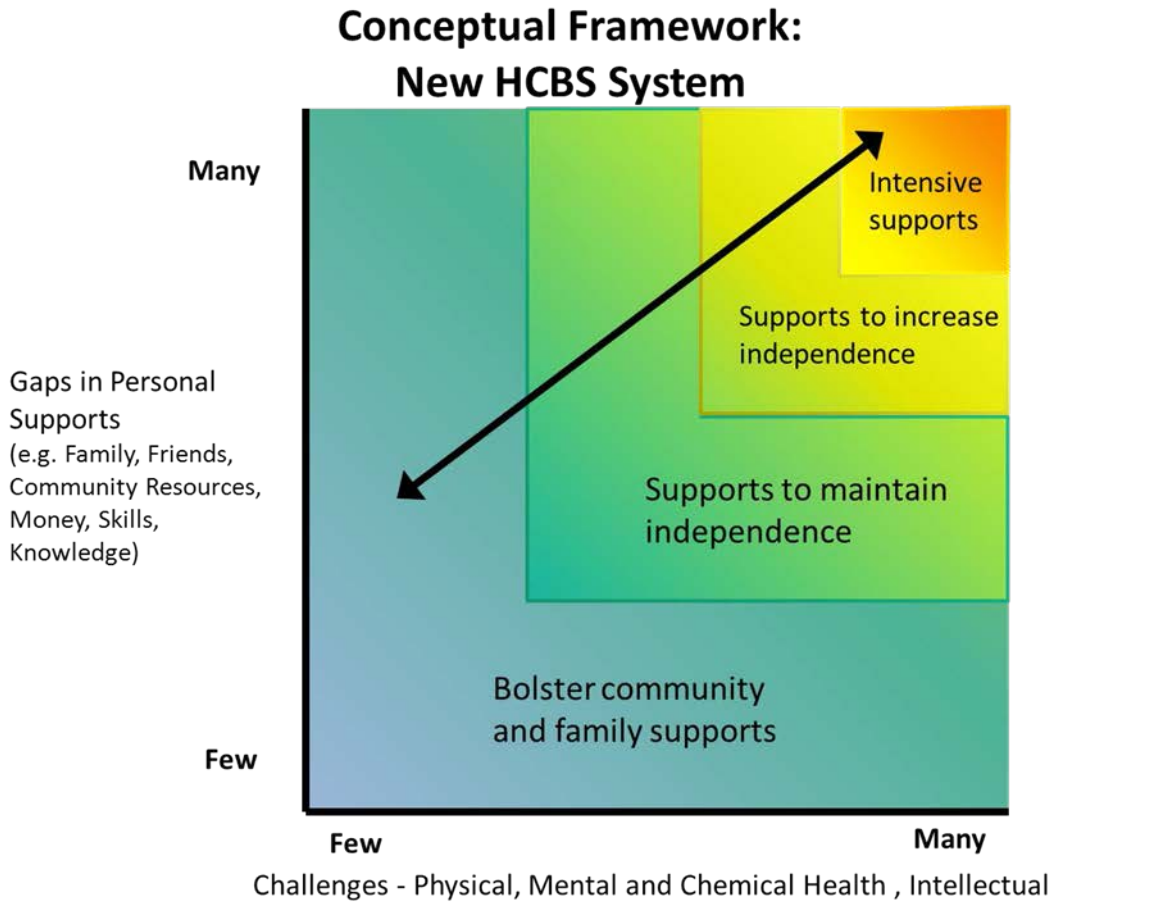
- Increased sustainability of the LTSS system
- Increased efficiency in the use of public LTSS resources

CONCEPTUAL FRAMEWORK: HCBS SYSTEM NOW



Current System Dynamic: There is pressure to move into waivered services in order to receive services that aren't available otherwise. Once on a waiver a person has access to a waiver-specific menu of services. There are people with low needs and high needs on the same waiver program.

CONCEPTUAL FRAMEWORK: NEW HCBS SYSTEM



Desired System Dynamic: People get the right service at the right time. System is flexible and fluid, so that people get a higher level of service when needed, but stay at or return to lower levels when those are sufficient.

COMMUNITY FIRST SERVICES AND SUPPORTS (CFSS) – REPLACES PCA

- Flexible service can include:
  - Assistance
  - Teaching
  - Coaching
  - Prompting
  - Home modifications to replace human assistance
  - Technology to replace human assistance
  - Transition services
- Provider standards to promote access to agencies and staff with appropriate skills.

COMMUNITY FIRST SERVICES AND SUPPORTS (CFSS), (2)

- Assessment looks comprehensively at a person's situation (MnCHOICES)
- Eligibility based on functional ADL needs and behaviors
- Support Plan aligns services with the goals
- Individualized service budget based on current PCA home care ratings, except lowest daily average will be equivalent of 90 minutes of service

COMMUNITY FIRST SERVICES AND SUPPORTS (CFSS), (3)

- Participants can choose the service model:
  - Agency-provider model
  - Self-direct and assume greater flexibility and responsibility for employing and managing staff and support plan
    - Financial management entities will provide administrative functions
- New financial management structure for self- directed options
  - Will be used for CFSS and the waiver service of Consumer Directed Community Supports

COMMUNITY FIRST SERVICES AND SUPPORTS (CFSS), (4)

- Outcomes for CFSS

  Individuals will:

  - Recover and/or gain skills to increase and maintain community stability
  - Access the right service by the right provider at the right time
  - Use technology or modifications to decrease need for human assistance when appropriate
  - Delay or avoid the need to access other programs
  - or more costly services
  - Avoid use of inappropriate services
  - Increasingly direct their own services

DEMONSTRATION OF INNOVATIVE APPROACHES TO SERVICE COORDINATION

- Children with CFSS
  - IEP/IFSP that includes health-related MA services, and at least one of the following:
    - More than 2 complex health-related needs
    - Receiving mental health services
    - Demonstrates physical aggression towards oneself or others or destruction of property that requires immediate intervention of another person
- Limited number of school districts
- Test service coordination model using existing school-based service structure for 1,500 children

DEMONSTRATION OF INNOVATIVE APPROACHES TO SERVICE COORDINATION, CONT.

- NOTE: Adjunct activities not included in 1115
  - Implement Home Care targeted case management for people on CFSS who don't otherwise have case management
  - Technical assistance will be provided to help existing service coordinators learn to incorporate CFSS into their plans

EXPANDING ACCESS TO TRANSITION SUPPORTS

- Build on existing efforts:
  - Return to Community transition support for people in nursing homes
  - Long Term Care Options Counseling about community-based housing options
- Expand access to transition supports for targeted group of older adults
  - Identified by Senior LinkAge Line® or by nursing home, hospital, or health care home
  - At-risk of institutionalization, but not yet eligible for Medicaid

EXPANDING ACCESS TO TRANSITION SUPPORTS, CONT.

- Through the 1115 proposal, DHS is seeking to maximize and access federal financial participation on current state funds that support these functions
- Additional Medicaid savings will make this proposal a budget-neutral initiative

WORK: EMPOWER AND ENCOURAGE INDEPENDENCE

- Four groups to be included in demonstration:
  - MA-expansion participants, age 18-26, with a potentially disabling severe mental illness
  - MA-EPD participants, age 18-26
  - MA participants, age 18-26 who are exiting foster care
  - Targeted group of MFIP parents
  - MA participants who are in transition from the Department of Corrections (geographically limited to a region of the state)
- Services:
  - Navigation for medical, MH and employment support
  - Person-centered planning , referral and support
  - Benefits education/planning and options counseling
  - Problem-solving assistance to reduce barriers

HOUSING STABILITY SERVICES DEMONSTRATION

- Group to be enrolled (limited to 5,000):
  - MA participants, age 18 and older
  - Functional impairment (ADL, IADL, mental or emotional condition that interferes with everyday activities)
  - Significant housing instability
- Services:
  - Inreach/Outreach
  - Tenancy supports
- Service Coordination

PROJECT FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) CRITICAL TIME INTERVENTION DEMONSTRATION

- Group to be enrolled:
  - Individuals with serious mental illness
  - Co-occurring chemical substance use disorder
  - Homeless or at imminent risk of homelessness
  - Being served by PATH program
- Model:
  - Combines outreach, in-reach, and other PATH services with CTI evidence-based practice framework (time-limited case management and specialized support)
- One year of provider training before implementation in 2014

ANOKA METRO REGIONAL TREATMENT CENTER DEMONSTRATION

- Seeking waiver of federal law prohibiting Medicaid coverage for persons “residing in institutions for mental diseases”
- Allow for continuity of care during a person’s transition from the community to a inpatient setting and back to community
- Specific to AMRTC

REFORM IN PHASES

- 1997-present:
  - Development of integrated health/long-term care products for seniors (MSHO, MSC+)
  - Demonstration for disabilities (MnDHO) and Special Needs Basic
- 2001: Many significant legislated LTSS policy changes
- 2006-2007: Quality Architecture
- 2009: Nursing Facility Level of Care Legislative Changes

REFORM IN PHASES, CONT.

- 2009-2014: Transformation Projects
  - MnCHOICES
  - Elderly Waiver Customized Living Rate Development Tool
  - Disability Waivers Rates System
  - HCBS Waiver Provider Standards
- 2011-2015: Dual Demonstration
- 2011 – 2015: Money Follows the Person
- 2014-2018: Demonstrations to test out reform strategies; State plan changes; 1915(c) waiver amendments; additional reform initiatives (outlined in following slides)
- 2019-2020: Future LTSS system, informed by learnings from previous phases

ADDITIONAL REFORM INITIATIVES: CURRENT AND PROPOSED

- Aging and Disability Resource Centers
  - First Contact/Regionalized Preadmission Screening (PAS) Demonstration
  - Return to Community
  - Home and community-based services report card

ADDITIONAL REFORM INITIATIVES: CURRENT AND PROPOSED, (2)

- Strategies for integration of LTSS with other initiatives
  - Administration on Aging Integrated Systems Grant
  - Alzheimer's Health Care Home demonstration
  - Health Home Demonstration – Inclusion of LTSS in the integration of behavioral and physical health care
  - Evidence-based health promotion

ADDITIONAL REFORM INITIATIVES: CURRENT AND PROPOSED, (3)

- Planning and service development
  - LTSS gaps analysis
  - Need determination
  - Critical access study for home and community-based services
  - Redirect residential and nursing facility services

ADDITIONAL REFORM INITIATIVES: CURRENT AND PROPOSED, (4)

Enhancements to 1915(c) waivers – BI, CAC, CADI, DD, EW

- Service menus New in-home support service
  - Technology
  - Employment
  - Consumer-Directed Community Supports
  - Threshold for accessing residential services; medical need service criteria for nursing facilities
- Budget methodologies
  - Disability waivers – individual service budgets
  - Elderly Waiver – vent-dependent budget methodology

ADDITIONAL REFORM INITIATIVES: CURRENT AND PROPOSED, (5)

- Case management redesign
- Crisis intervention and protection of vulnerable adults
  - Statewide, centralized system for reports of vulnerable adult maltreatment
- Quality management enhancements
  - Basic assurances
  - Quality outcomes

ADDITIONAL REFORM INITIATIVES: CURRENT AND PROPOSED, (6)

- Autism Spectrum Disorder services (age 0-7)
  - High quality, medically necessary, evidenced-based therapeutic and intensive behavior intervention treatments and associated services
  - Services coordinated with other medical and educational services
- Autism Spectrum Disorder services (7-end of high school)
  - Services designed to fit with school and other services

ADDITIONAL REFORM INITIATIVES: CURRENT AND PROPOSED, (7)

- Transition out of Anoka
  - People with multiple and complex needs, including serious mental illness and co-morbidities
  - Unable to leave AMRTC within two weeks of determination they no longer need that level of care
  - Services to support transition back into the community
- Day Treatment Services
  - Adults with significant DD/cognitive impairments, serious mental illness and dx of sex offense
  - Long-term, habilitative service

VISION FOR 2020

Demonstrations and changes to 1915(c) waiver will inform additional changes and identification of appropriate vehicles

- With enhanced state plan options, future role of 1915(c) waivers will change:
  - Service menus
  - Provider standards
  - Service access thresholds
- Flexibility needed to access right service at the right time by the right provider will be driven by assessment information:
  - Functional need
  - Strengths and goals
  - Informal, family and community support

VISION FOR 2020, CONT.

- Redesigned support and care coordination and effective delivery models will be incorporated into the system
- Role of nursing facilities will change to primarily serve people for less than 90 days
- Money Follows the Person will successfully have achieved goals of moving people to community settings and demonstrating needed community services
- Quality Management System will be implemented across all HCBS to identify issues, assure timely remediation, and use data for continuous improvement, and informed decisions

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