



The Hilltop Institute

analysis to advance the health of vulnerable populations

Medicaid Long-Term Services and Supports in Maryland: Money Follows the Person Metrics

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Presented to
the Maryland Department of Health and Mental Hygiene
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Introduction

From the Maryland MFP Operational Protocol ...

“The Money Follows the Person Rebalancing Demonstration (MFP), offered through the Centers for Medicare and Medicaid Services (CMS), was created as part of the Deficit Reduction Act of 2005, a law passed by the U.S. Congress. The purpose of the demonstration is to promote a series of rebalancing objectives written in the statute. The term “rebalancing” refers to efforts to reduce or eliminate barriers to receiving long-term care services in home and community settings, rather than in institutional settings.”

Introduction (continued)

Examining the program across time

In order to measure the status and changes of Maryland's Medicaid long-term services and supports (LTSS) over the course of the MFP program, The Hilltop Institute worked with DHMH to develop a set of performance metrics for the program. This presentation will focus on the second set of those metrics:

- How prevalent are pre-transition acuity indicators, such as ADL and IADL deficiencies and select active diagnoses, among MFP participants?
- What is the average length of pre-transition institutional stay?
- How do pre- and post-transition expenditures vary by waiver program and service category among MFP participants?
- Why do some individuals not complete their 12-month MFP span?

Data Sources

Medicaid Management Information System (MMIS2)

This system contains person-level data for all individuals eligible for Medicaid services in Maryland during the relevant fiscal year, including Medicaid eligibility category and fee-for-service claims.

Minimum Data Set (MDS 3.0)

This federally mandated collection of clinical assessment tools gathers a vast array of information on the health and functional status of nursing home residents. Containing over 300 variables, the MDS was used to supply information on ADL deficiencies, discharge preference, length of stay, and other characteristics.

Quality of Life (QoL) Survey

This survey is administered to all MFP participants within a week to a month prior to transition, as mandated by federal guidelines to monitor satisfaction with their living situation and care. Follow-up surveys are then administered one and two years post-transition for comparison.

MFP Transition Criteria

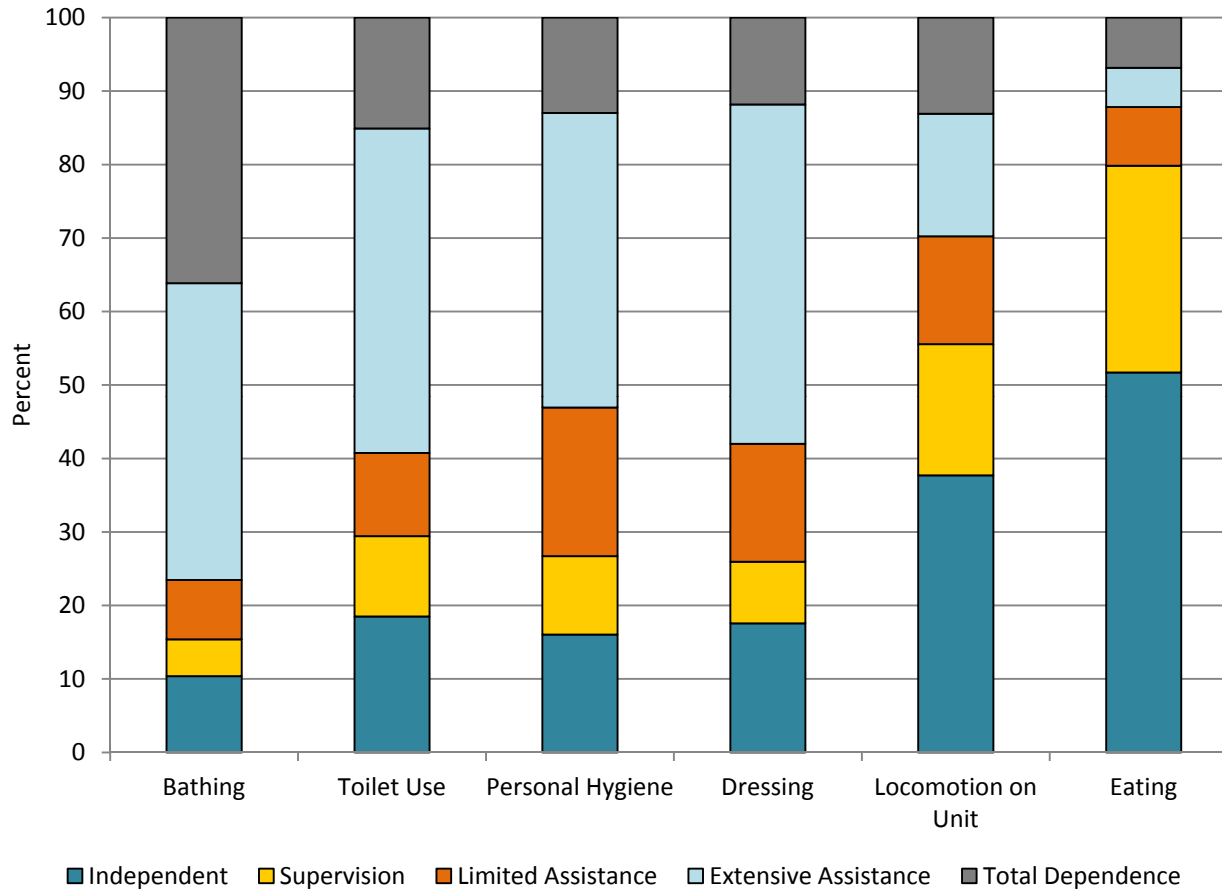
Defining an MFP Transition

In order to retain consistency across the length of the program, “transitioned” individuals were defined as having at least 30 continuous Medicaid-paid days in one of the following settings: Nursing Facility (with a valid level of care designation), Chronic Hospital, State Residential Center, or Institute for Mental Disease. The institutional span must have been:

- Followed by at least 30 days of Medicaid eligibility
- Not immediately followed by an inpatient stay of more than 3 days
- Not followed by another LTC institutional stay within 30 days
- Followed by enrollment into an MFP HCBS waiver program

Pre-Transition Characteristics of MFP Participants CY 2012

Figure 1. MDS Acuity Indicators: ADL and IADL Deficiencies

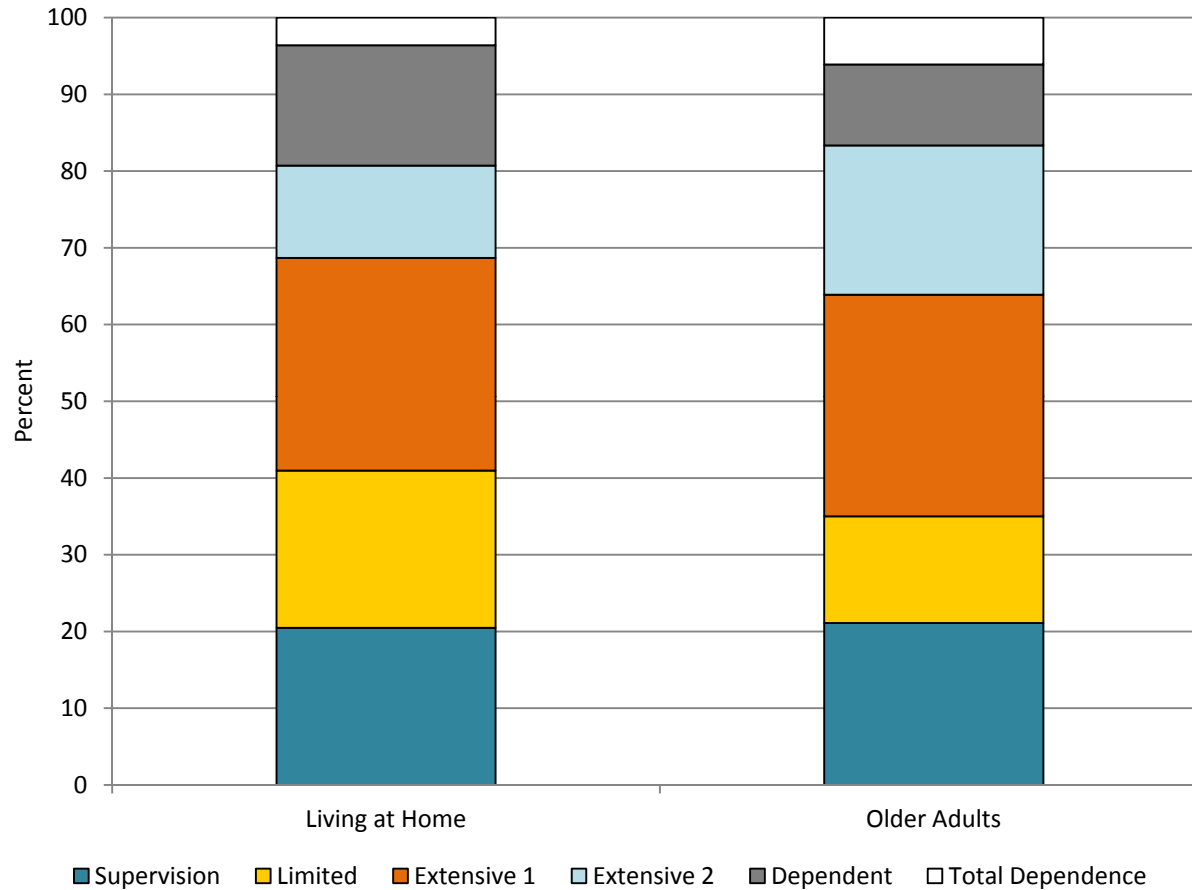


Individuals required the most assistance with bathing, with 77% of people requiring extensive assistance or having total dependence on assistance in order to bathe. Eating required the least assistance, with nearly 50% of respondents citing no assistance needed to eat.

Note: This chart illustrates the percentage of responses to select Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) deficiencies found in the pre-transition Minimum Data Set (MDS) assessment closest to the date of transition (within three months of transition) for individuals who transitioned through MFP in calendar year 2012 (n=280).

Source: Maryland MDS data as analyzed by The Hilltop Institute, CY 2011- CY 2012

Figure 2. ADL Self-Performance Hierarchy Category by Waiver



Total dependence was higher among Older Adults Waiver (OAW) participants (6% vs. 3%), but overall quite low. Only 20% of respondents met the criteria for the lowest level of support (Supervision).

Note: This chart illustrates the distribution of ADL Self-Performance Hierarchy categories (Morris et al., 1999) for MFP Living at Home and Older Adults waiver participants. This scale uses personal hygiene, toilet transfer, locomotion, and eating to rank ADL self-performance abilities. The pre-transition MDS assessment closest to the date of transition was used to formulate these categories for CY 2012 MFP transitions with a valid pre-transition MDS assessment within three months of transition (n=280).

Source: Maryland MDS data as analyzed by The Hilltop Institute, CY 2011 – CY 2012

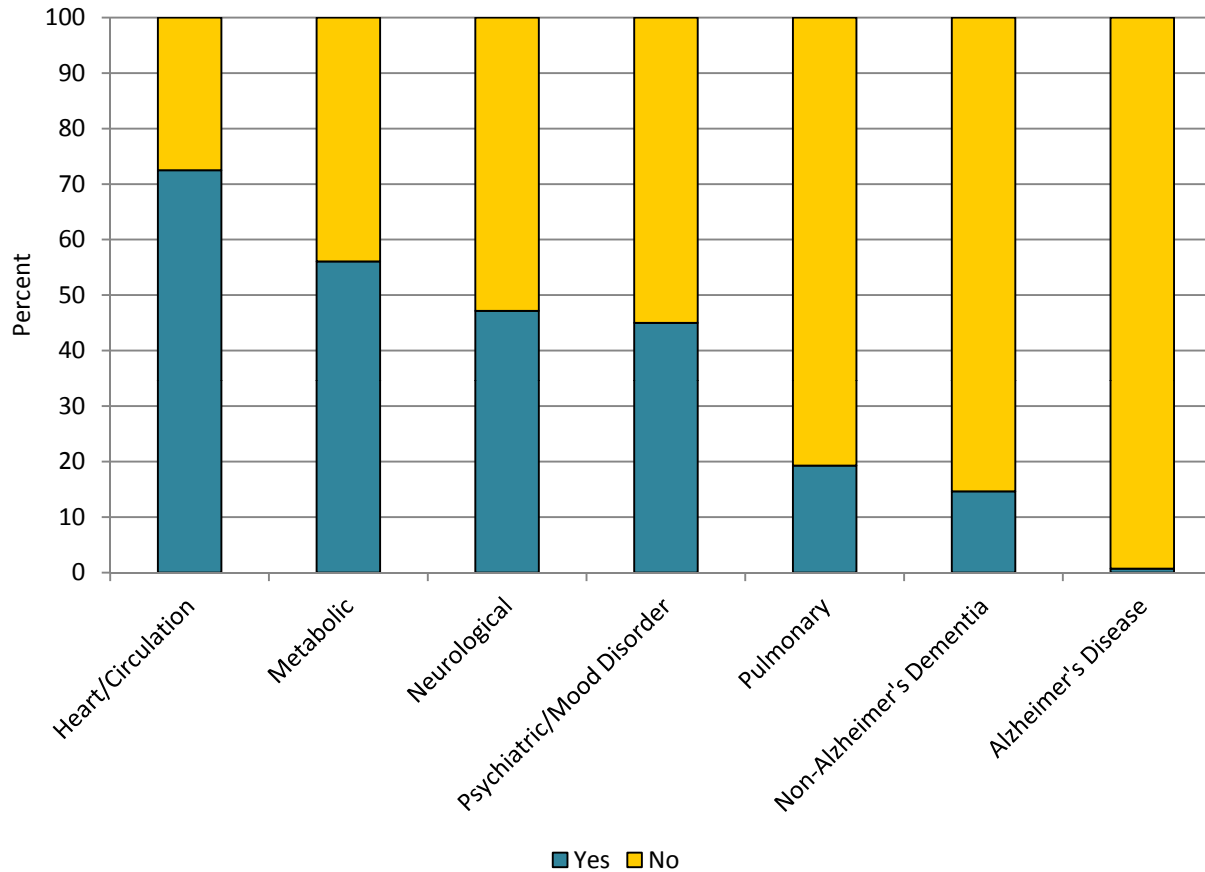
Mobility Devices That Are Normally Used

- Wheelchair usage was reported by over 70% of respondents; however, it is unclear from MDS assessment language whether this included wheelchair usage only when institutionalized or how often wheelchairs were used.
- Fewer than 10% of respondents indicated no mobility device usage.
- Over 30% of OAW participants indicated walker usage. Living at Home (LAH) Waiver participants utilized walkers at about half of that rate (16%).
- Canes and crutches were used at a higher rate among LAH participants (11%), compared to only 4% of OAW participants.

•**Note:** Mobility device usage was calculated using the pre-transition MDS assessment closest to the date of transition (within three months of transition) for individuals who transitioned through MFP in CY 2012 (n=280).

Source: Maryland MDS data as analyzed by The Hilltop Institute, CY 2011 – CY 2012

Figure 3. MDS Acuity Indicators: Select Active Diagnoses

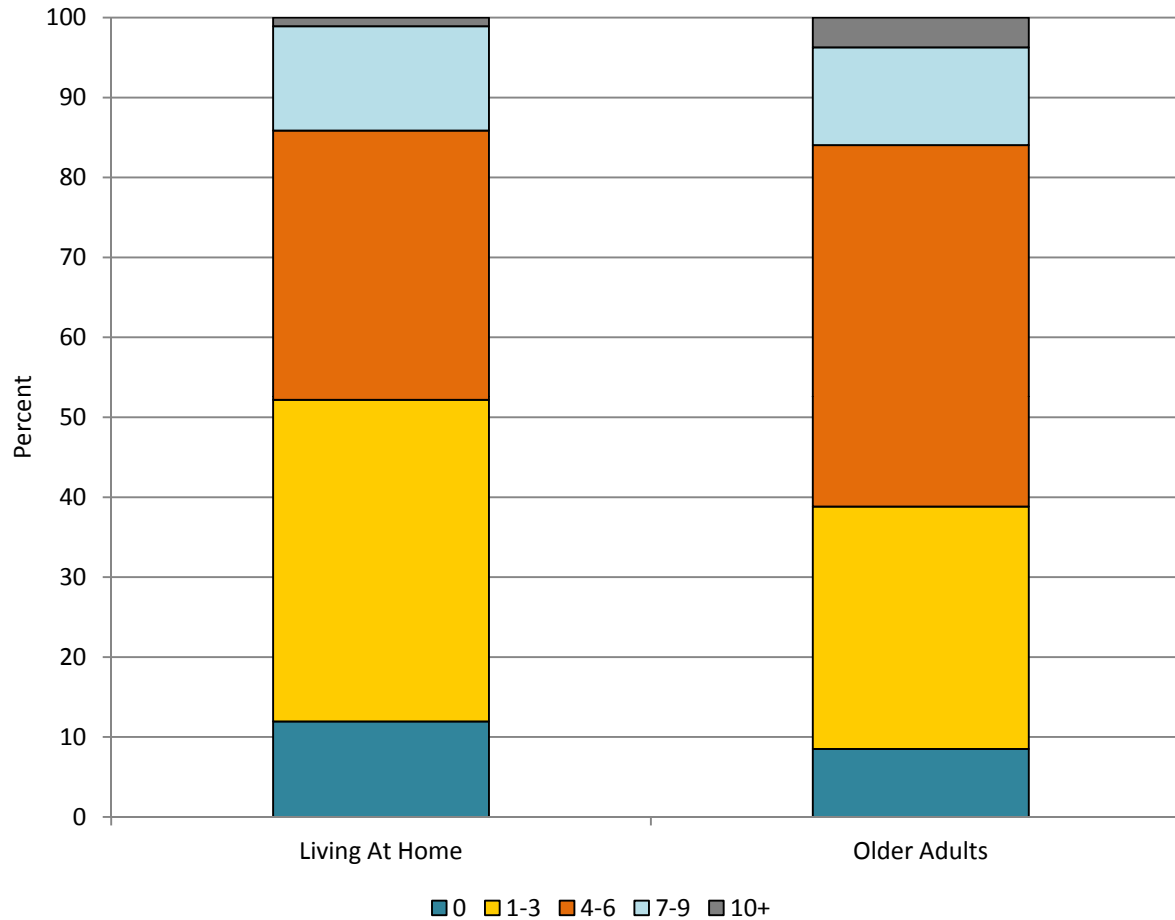


Over 70% of respondents reported a heart/circulation diagnosis, such as anemia or hypertension, followed by 56% with a metabolic disorder, such as diabetes. Non-Alzheimer’s dementia diagnoses varied greatly by waiver (20% for OAW and only 4% for LAH). Two individuals in OAW reported having an Alzheimer’s diagnosis.

Note: This chart illustrates the percent of MDS responses for select active diagnoses among MFP participants who transitioned in CY 2012. Pre-transition MDS assessments within three months of transition and closest to the date of transition were chosen for analysis (n=280). All active diagnoses must have been present in the last 7 days prior to assessment.

Source: Maryland MDS data as analyzed by The Hilltop Institute, CY 2011 – CY 2012.

Figure 4. MDS Acuity Indicators by Waiver: Counts of Co-Morbidities

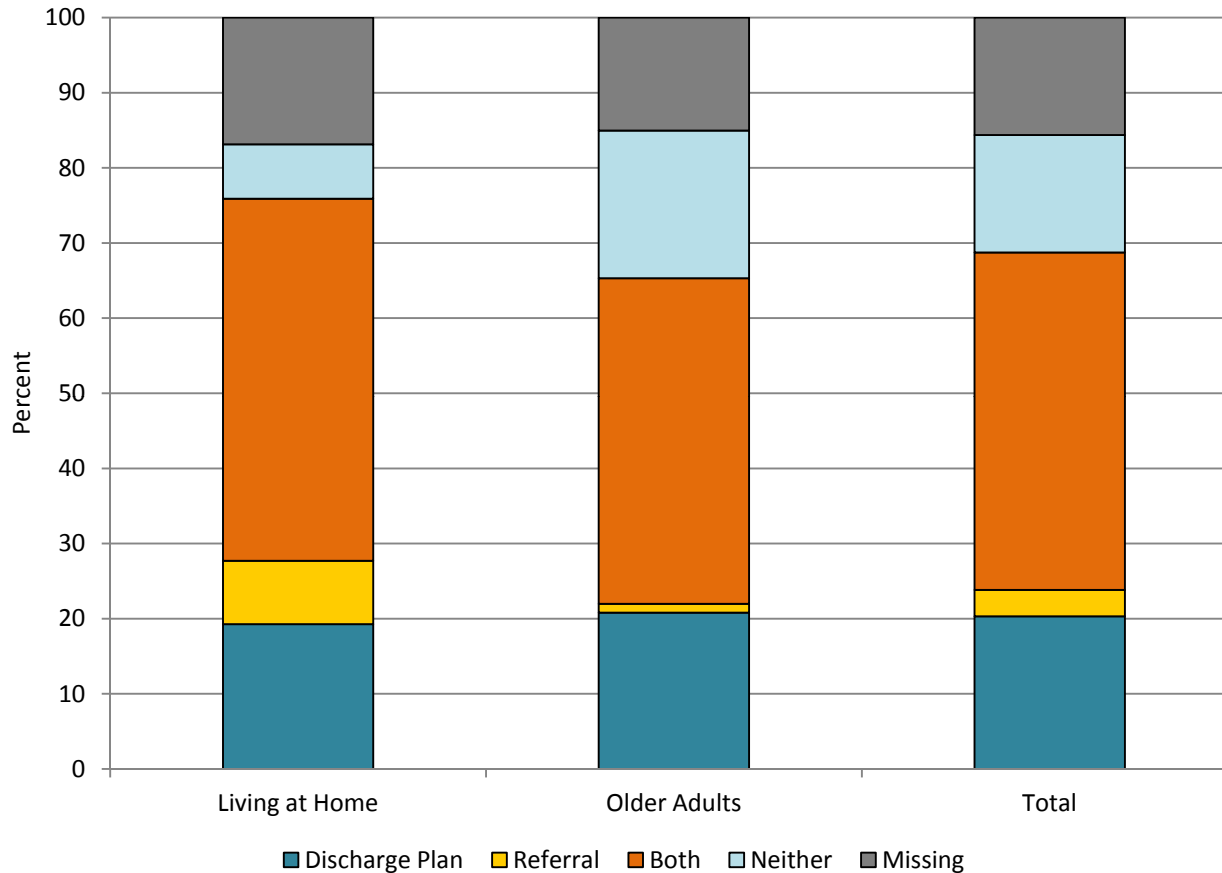


OAW participants reported greater numbers of co-morbidities, with the majority reporting 4-6 (45%). The majority of LAH Waiver participants reported 1-3 co-morbidities (40%). Only 12% of LAH Waiver and 9% of OAW participants reported no co-morbidities.

Note: This chart illustrates the number of co-morbidities reported in the pre-transition MDS assessment closest to the date of transition by MFP participants, reported by waiver, for CY 2012 MFP transitions (n=280). There were 56 possible co-morbidities listed in the MDS.

Source: Maryland MDS data as analyzed by The Hilltop Institute, CY2011 – CY 2012

Figure 5. MDS Section Q Dispensation by Waiver

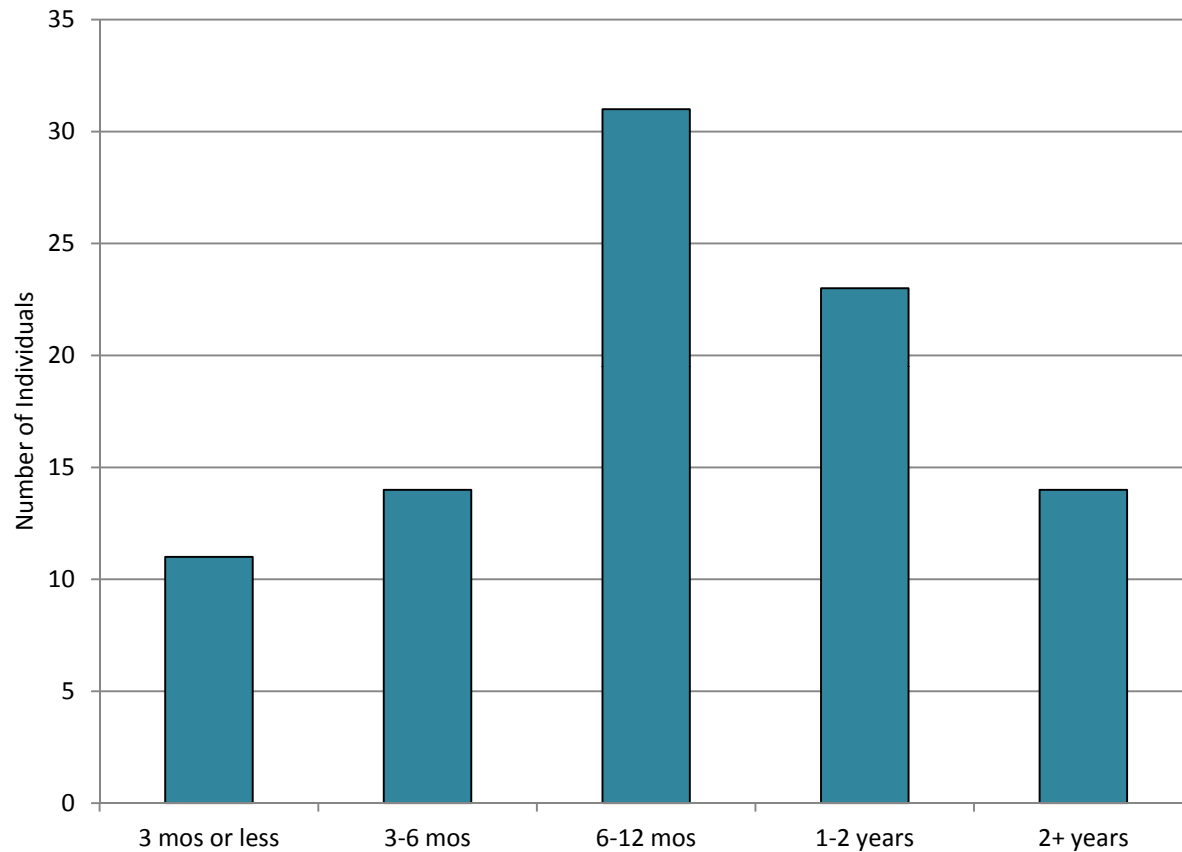


Nearly half (45%) of all MFP participants reported both a discharge plan and a referral at the last MDS assessment prior to transition. OAW participants were more likely to have had neither a discharge plan nor a referral (20%) compared to LAH Waiver participants (7%).

Note: This chart illustrates the final dispensation at the second to last pre-transition MDS assessment prior to transition for MFP participants by waiver (n=256). Not all individuals had more than one assessment within three months of transition and were thus excluded from this analysis (24 individuals). Discharge plan refers to a positive response to question Q0400, “Is active discharge planning already occurring for the resident to return to the community?” Referral refers to a positive response to question Q0600, “Has a referral been made to the Local Contact Agency?”

Source: Maryland MDS data as analyzed by The Hilltop Institute, CY 2011 – CY 2012

Figure 6. MDS Length of Stay for MFP Transitions, All Settings: Living at Home Waiver

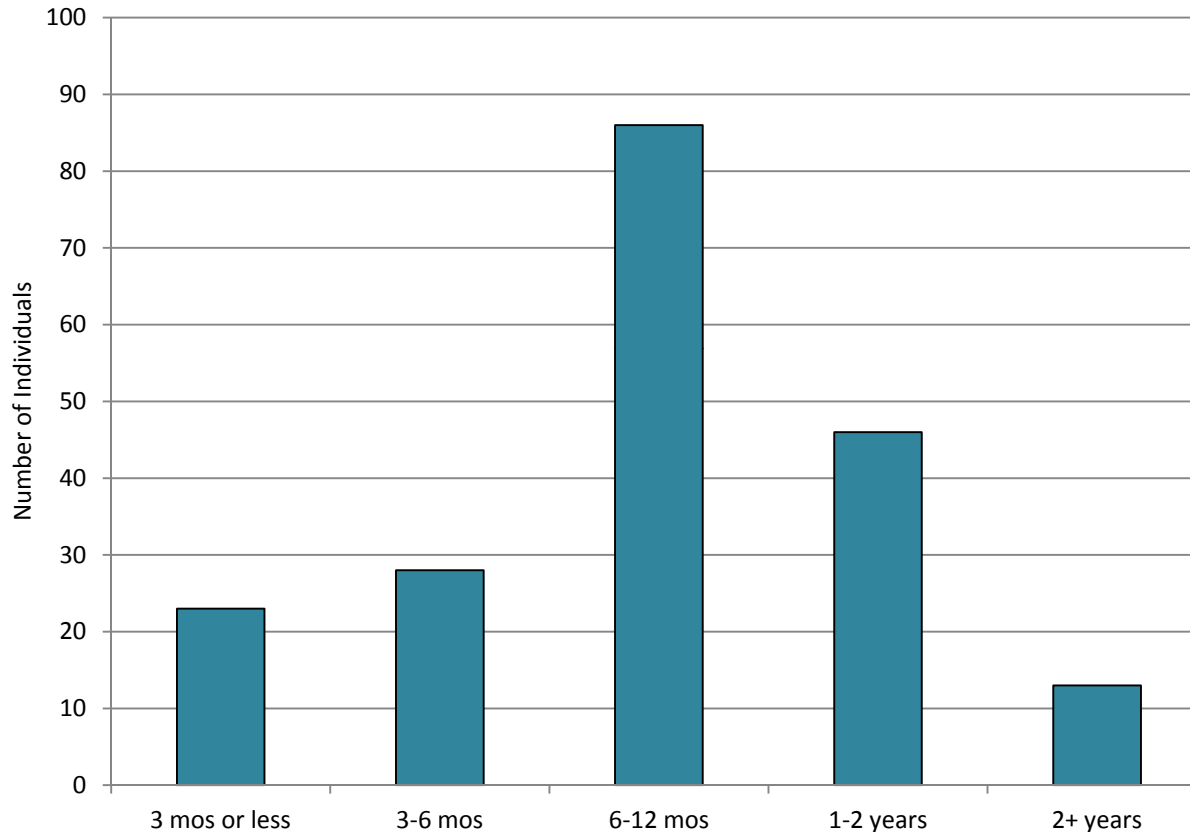


Average length of stay for individuals transitioning under the LAH Waiver was nearly a year and a half (501 days). Several individuals had far longer stays, with the longest being over 12 years.

Note: This chart illustrates Nursing Facility length of stay for the last pre-transition MDS assessment. Length of stay is reported for pre-transition CY 2012 MFP transitions for Living at Home waiver participants (n=93). Stays with a seven day or less gap between them were combined for analysis.

Source: Maryland MDS data as analyzed by The Hilltop Institute, CY 2011 – CY 2012

Figure 7. MDS Length of Stay for MFP Transitions, All Settings: Older Adults Waiver



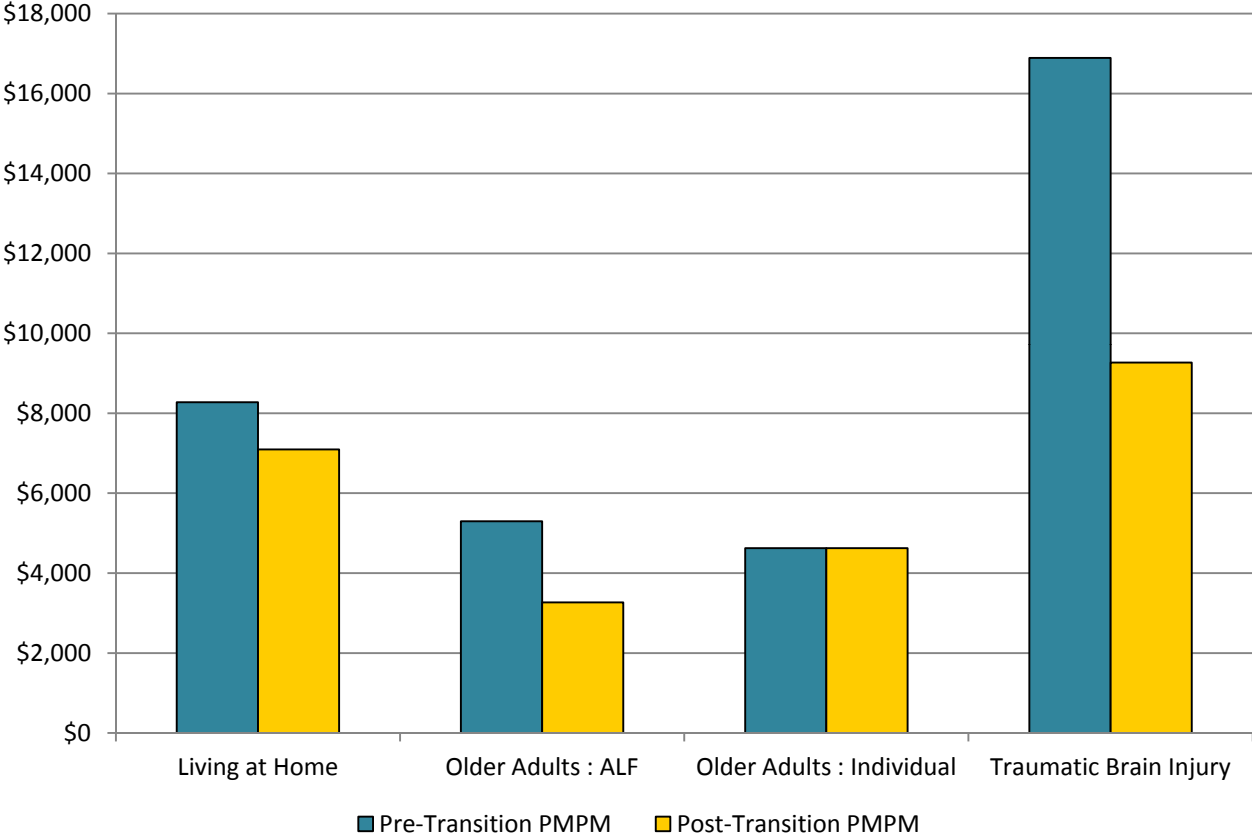
Average length of stay for OAW participants was slightly shorter than a year (327 days), less than LAH Waiver participants. A few individuals did have lengths of stay around four to five years, however.

Note: This chart illustrates Nursing Facility length of stay for the last pre-transition MDS assessment. Length of stay is reported for pre-transition CY 2012 MFP transitions for Older Adults waiver participants (n=196). Stays with a seven day or less gap between them were combined for analysis.

Source: Maryland MDS data as analyzed by The Hilltop Institute, CY 2011 – CY 2012

Post-Transition Characteristics of MFP Participants CY 2011

Figure 8. Pre- and Post-Transition Total Per Member Per Month (PMPM) for All Medicaid Expenditures, by Waiver Program, CY 2011 MFP Transitions

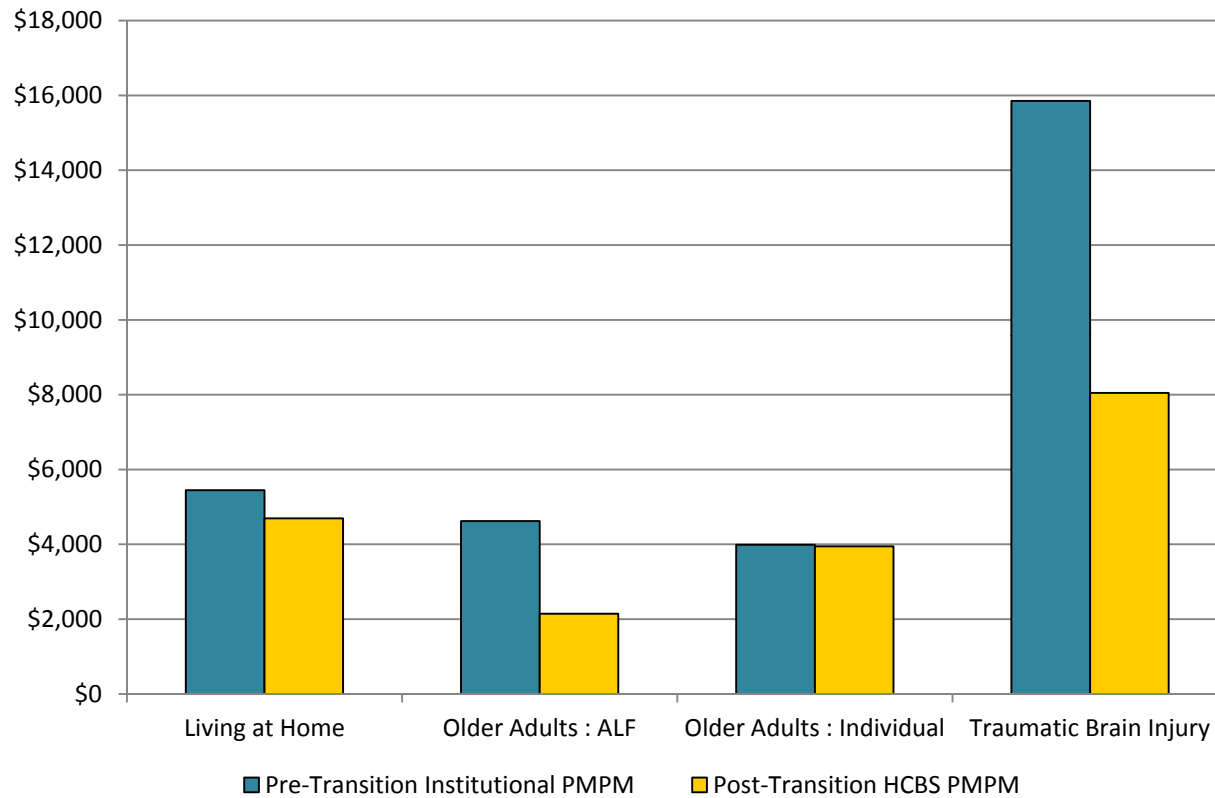


Expenditures were highest among pre-transition Traumatic Brain Injury (TBI) Waiver participants (\$16,890 PMPM). There was a decrease in Medicaid expenditures post-transition for all waivers except Older Adults Individual Residence, which remained the same.

Note: This chart illustrates total pre- and post-transition Medicaid expenditures per member per month (PMPM), by waiver program, for all CY 2011 MFP transitions (n=335).

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY 2010 – FY 2013

Figure 9. Pre- and Post-Transition PMPM Long-Term Supports and Services Expenditures, By Waiver Program, CY 2011 MFP Transitions

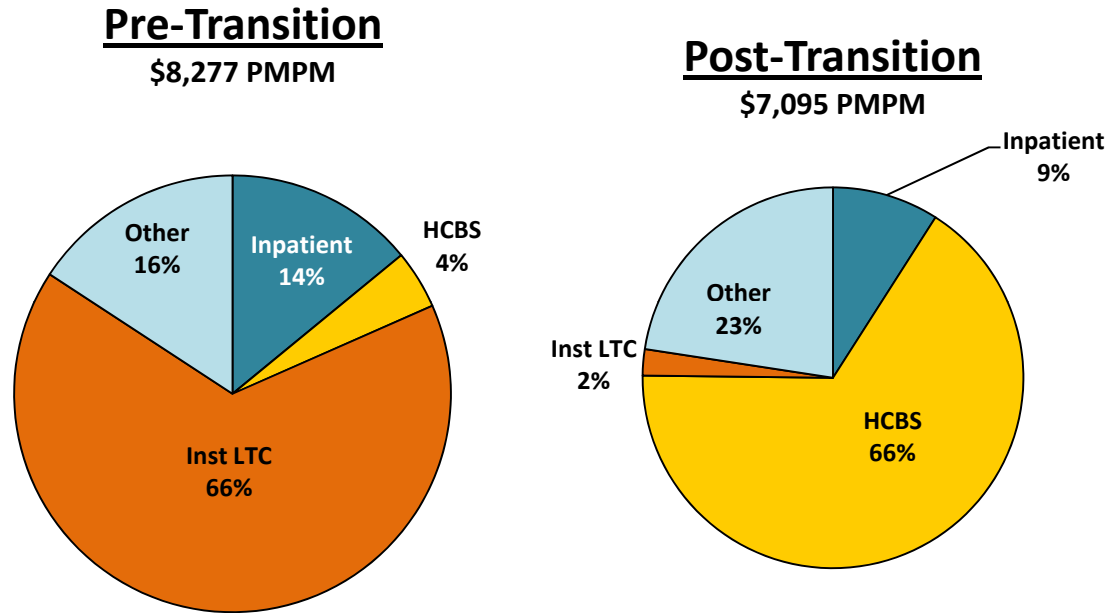


LTSS Medicaid expenditures decreased post-transition across all waivers except for Older Adults Individual Residence, which remained about the same. The most dramatic decrease was for the TBI Waiver, which showed a decrease in costs of 49% post-transition.

Note: This chart illustrates long-term supports and services expenditures, by waiver program, for CY 2011 MFP transitions (n=335). Pre-transition institutional PMPM for TBI waiver participants were calculated using inpatient and long term care services expenditures. All other waivers only include LTC claims for pre-transition PMPM. Short-term pre-transition HCBS and post-transition institutional LTC have not been included, even though instances of these services did exist.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY 2010 – FY 2013

Figure 10. Distribution of Pre- and Post- Transition* Medicaid Expenditures for Living at Home, CY 2011 MFP Transitions



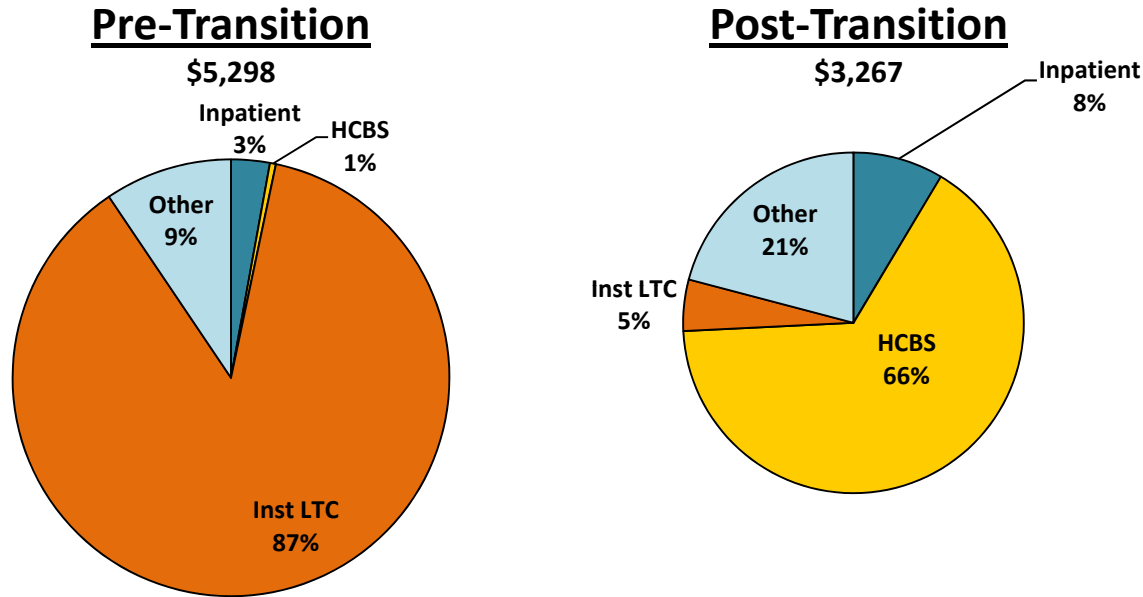
For individuals who transitioned to the LAH Waiver in CY 2011, the majority of pre-transition spending was for institutional LTC, while the majority of post-transition spending was for HCBS. The share of spending for inpatient services decreased after transition, while the share for other services increased.

Note: This chart illustrates pre- and post-transition expenditures for CY 2011 MFP transitions under the Living at Home Waiver (n=126). “Other” services consist of: Outpatient, Physician, Pharmacy, Capitation, and services from special programs.

* Pre-and post-transition timeframes are one year.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY2010 – FY2013

Figure 11. Distribution of Pre- and Post- Transition* Medicaid Expenditures for Older Adults Waiver, Assisted Living, CY 2011 MFP Transitions



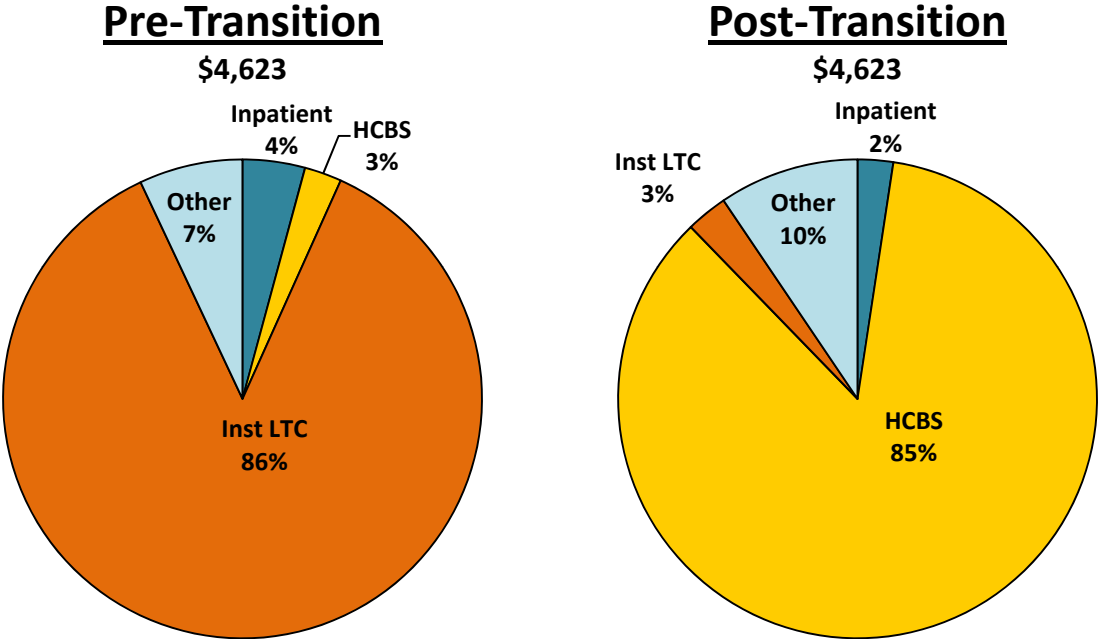
For individuals who transitioned to the OAW (Assisted Living) in CY 2011, the majority of pre-transition spending was for institutional LTC, while the majority of post-transition spending was for HCBS. The share of spending for inpatient and other services increased post-transition.

Note: This chart illustrates pre- and post-transition expenditures for CY 2011 MFP transitions under the Older Adults Waiver, Assisted Living (n=34). “Other” services consist of: Outpatient, Physician, Pharmacy, Capitation, and services from special programs.

* Pre-and post-transition timeframes are one year.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY2010– FY2013

Figure 12. Distribution of Pre- and Post- Transition* Medicaid Expenditures for Older Adults Waiver, Individual Residence, CY 2011 MFP Transitions



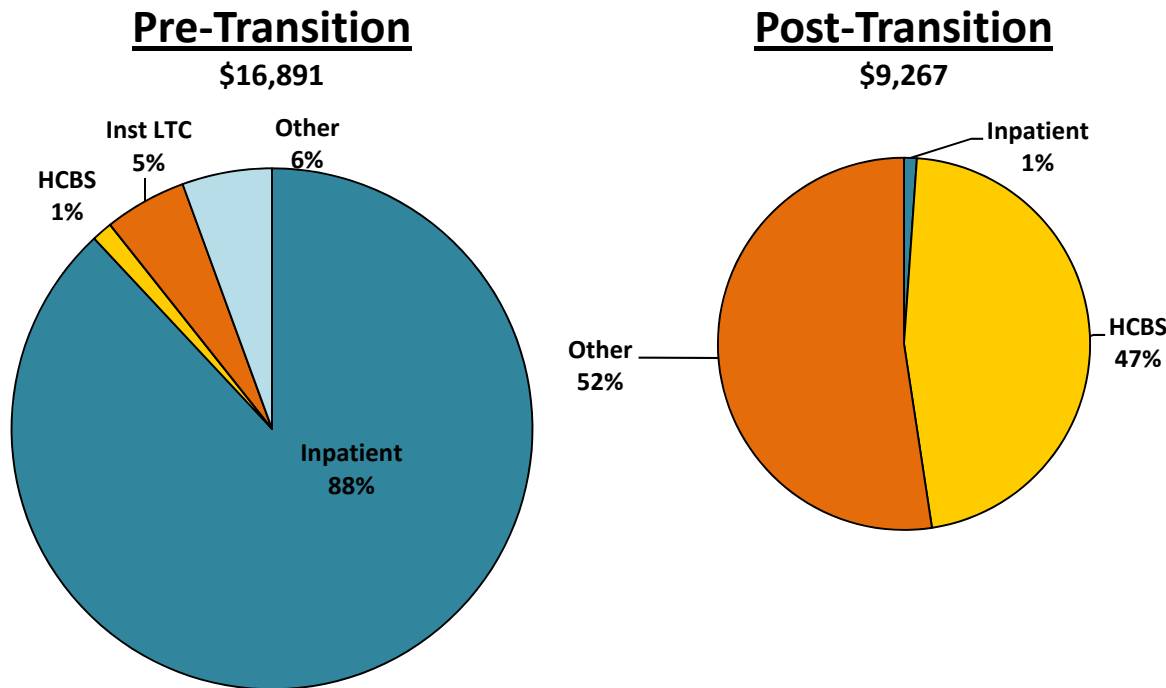
For individuals who transitioned to the OAW (Individual Residence) in CY 2011, the majority of pre-transition spending was for institutional LTC, while the majority of post-transition spending was for HCBS. The share of spending for inpatient and other services remained relatively constant after transition.

Note: This chart illustrates pre- and post-transition expenditures for CY 2011 MFP transitions under the Older Adults Waiver, Individual Residence (n=162). “Other” services consist of: Outpatient, Physician, Pharmacy, Capitation, and services from special programs.

* Pre-and post-transition timeframes are one year.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY2010 – FY2013

Figure 13. Distribution of Pre- and Post- Transition* Medicaid Expenditures for Traumatic Brain Injury Waiver, CY 2011 MFP Transitions



For individuals who transitioned to the TBI Waiver in CY 2011, the majority of pre-transition spending was for inpatient services, while post-transition spending was nearly evenly split between HCBS and other services. There were no institutional LTC claims post-transition.

Note: This chart illustrates pre- and post-transition expenditures for CY 2011 MFP transitions under the Traumatic Brain Injury Waiver (n=13). "Other" services consist of: Outpatient, Physician, Pharmacy, Capitation, and services from special programs.

* Pre-and post-transition timeframes are one year.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY2010 – FY2013

Tidbits...

- Only one individual reported a positive response for the Preadmission Screening and Resident Review (PASRR) on the pre-transition MDS assessment, indicating serious mental illness and/or intellectual disability. No positive responses for Down syndrome, autism, epilepsy, or other organic conditions were reported.
- The vast majority of disenrollment for CY 2012 MFP participants occurred do to administrative reasons, such as coverage group change/exclusion or lost eligibility (nearly 98% of 284 disenrollments). Only one person died, and five individuals enrolled in the OAW were re-admitted to an LTC facility.

Next Steps...

For the next analysis, Hilltop will focus on the MFP enrollment process, including:

- Length of time between first positive MDS Section Q response, subsequent peer outreach, and transition
- Length of nursing facility stay prior to waiver application for individuals on waiver registries utilizing Medicaid institutional services
- Length of time to transition after waiver application for individuals on waiver registries
- Number of people who have applied for waivers
- Services utilized by waiver registry applicants during their first month in Medicaid LTC
- Pre- and post-transition comparison of select questions from the MFP Quality of Life (QoL) Survey, by waiver program



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