



# The Hilltop Institute

*analysis to advance the health of vulnerable populations*

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

A Chart Book

January 26, 2011

Prepared for:  
*Maryland Department of Health and Mental Hygiene*



**UMBC**  
AN HONORS UNIVERSITY IN MARYLAND

## 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 chart book, which was originally a presentation to the MFP Stakeholder Advisory Group, summarizes the key findings of those metrics, including the:

- Use of Medicaid institutional services in Maryland
- Number and characteristics of individuals who transition from institutional care to home- and community-based services (HCBS)
- Pre- and post-transition expenditures of waiver participants
- Quality of Life (QoL) Survey responses

## 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 (FY), including Medicaid eligibility category and fee-for-service claims. The Hilltop Institute acts as a secondary data repository for these data, and claims and eligibility files for FYs 2005 through 2010 were used for this analysis.

### **MFP Administrative Data**

In Maryland, the CMS QoL Survey is administered by the Schaefer Center at the University of Baltimore. Individuals are surveyed at 30 days prior to transition (baseline), one year post-transition (Year 1), and two years post-transition (Year 2). The MFP web-based tracking system acts as a secondary data repository for all QoL Survey responses.

## Transition Criteria

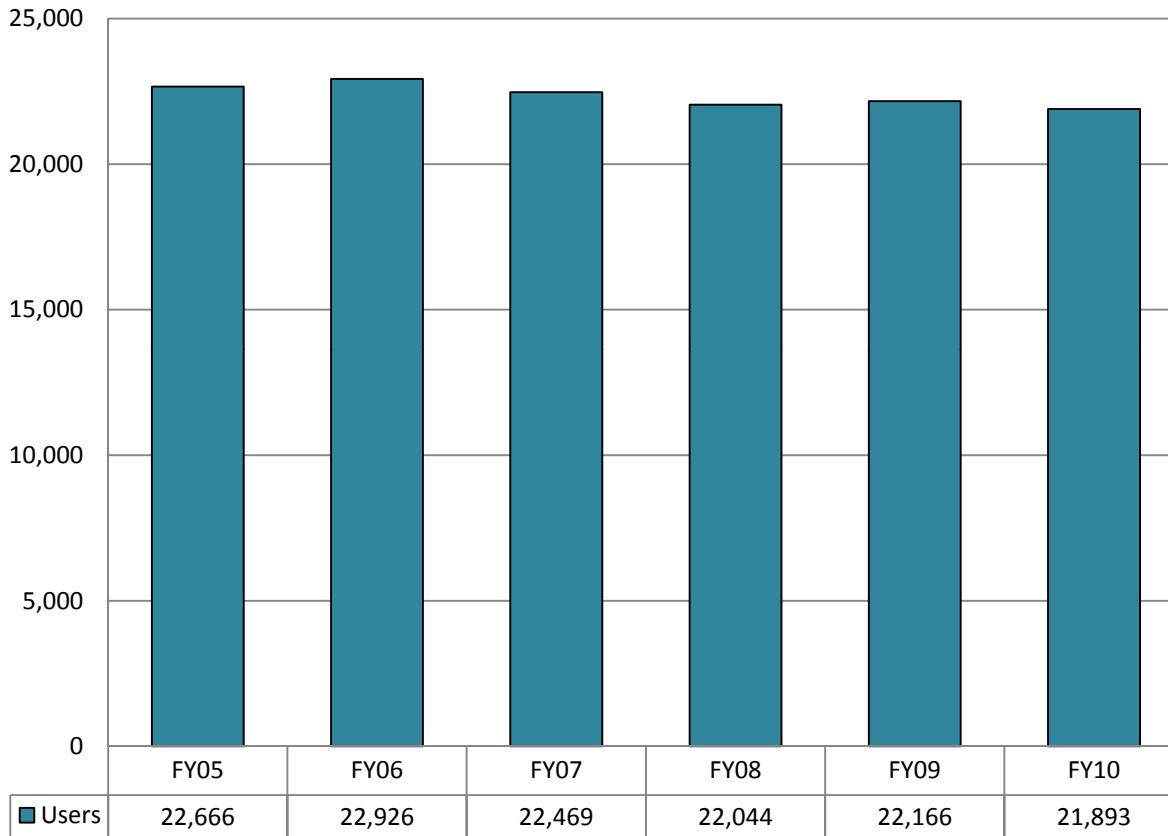
### Defining a Transition

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 long-term care (LTC) institutional stay within 30 days
- Followed by either enrollment into an HCBS waiver program or use of non-waiver home health services

**Use of  
Medicaid Institutional Services  
in Maryland  
FY 2005 – FY 2010**

## Number of Users of Medicaid Institutional Services: Nursing Facility

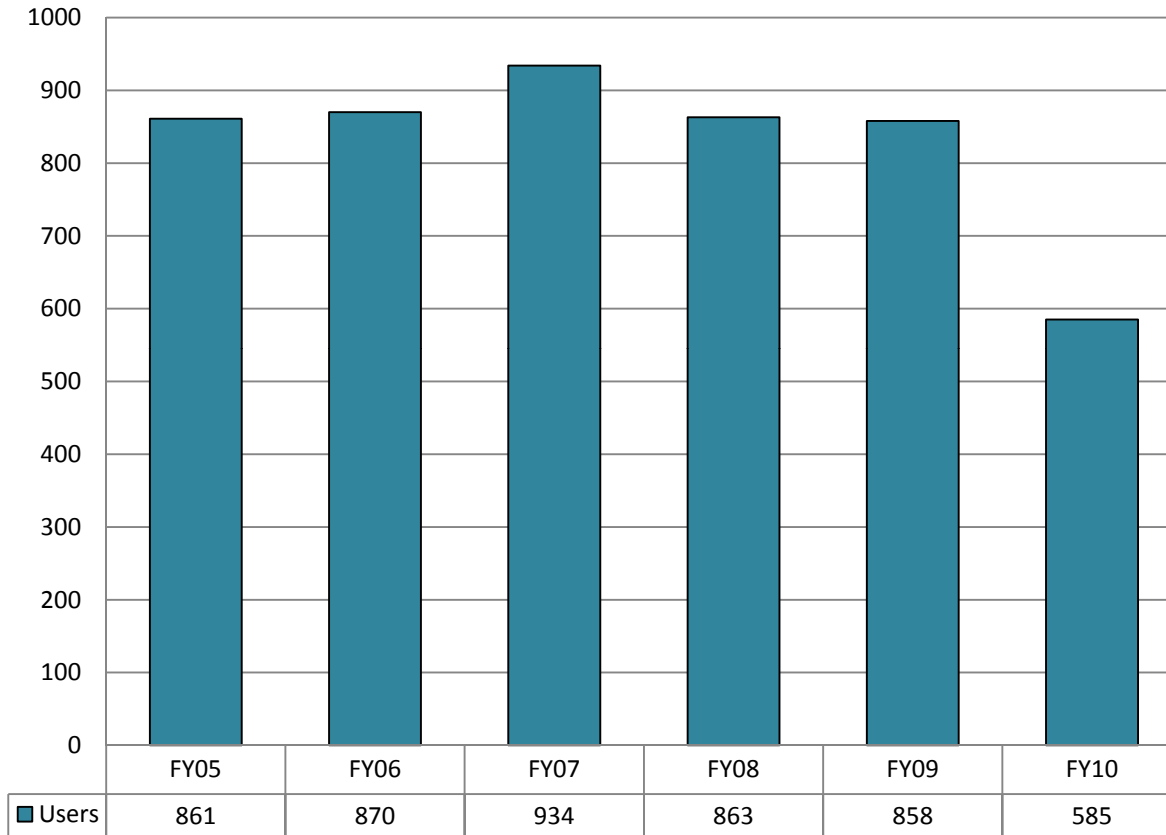


The number of individuals using Medicaid nursing facility services in Maryland has been decreasing fairly steadily since FY 2006, although usage from FY 2008 to FY 2009 showed a slight increase of 0.5% before declining again in FY 2010.

**Note:** This chart illustrates the number of individuals who had at least one Medicaid-paid day of Nursing Facility services and also had a valid Medicaid level of care designation.

**Source:** Maryland MMIS data as analyzed by The Hilltop Institute, FY 2005 – FY 2010

## Number of Users of Medicaid Institutional Services: Chronic Hospital



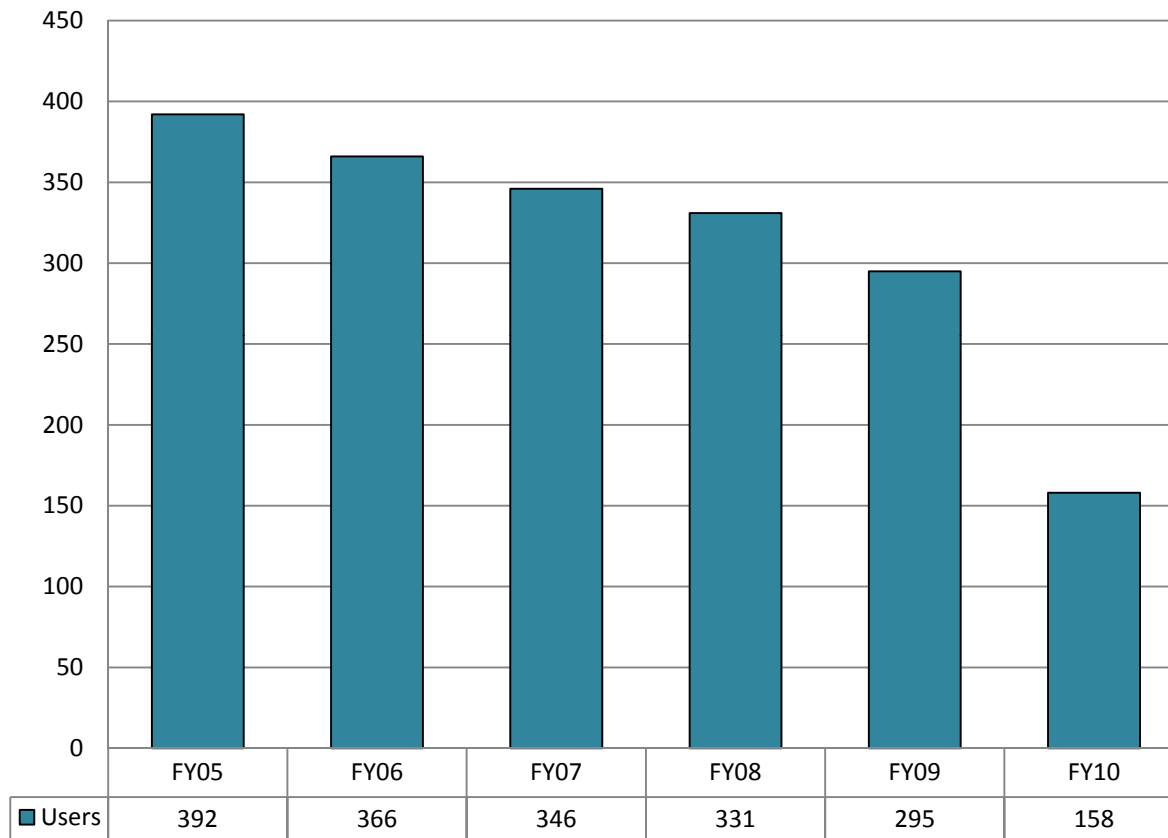
The number of individuals using Medicaid chronic hospital services has been decreasing since FY 2007. From FY 2009 to FY 2010, usage declined by almost one-third.

**Note:** This chart illustrates the number of individuals who had at least one Medicaid-paid day of Chronic Hospital services.

**Source:** Maryland MMIS data as analyzed by The Hilltop Institute, FY 2005 – FY 2010



## Number of Users of Medicaid Institutional Services: State Residential Centers



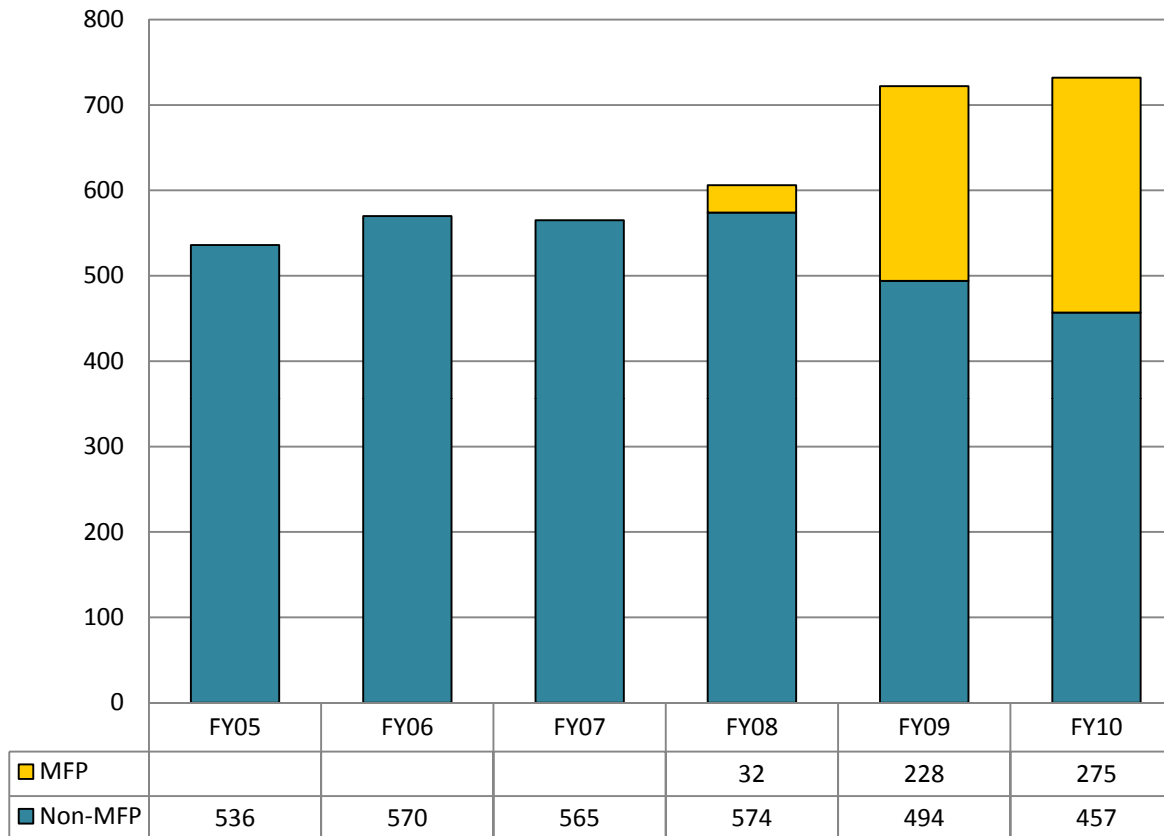
The number of individuals using Medicaid state residential center services has declined steadily since FY 2005. From FY 2009 to FY 2010, usage declined by 46%.

**Note:** This chart illustrates the number of individuals who had at least one Medicaid-paid day of State Residential Center services.

**Source:** Maryland MMIS data as analyzed by The Hilltop Institute, FY 2005 – FY 2010

# Transitions to HCBS FY 2005 – FY 2010

## Number of Nursing Facility Users Who Transitioned to HCBS

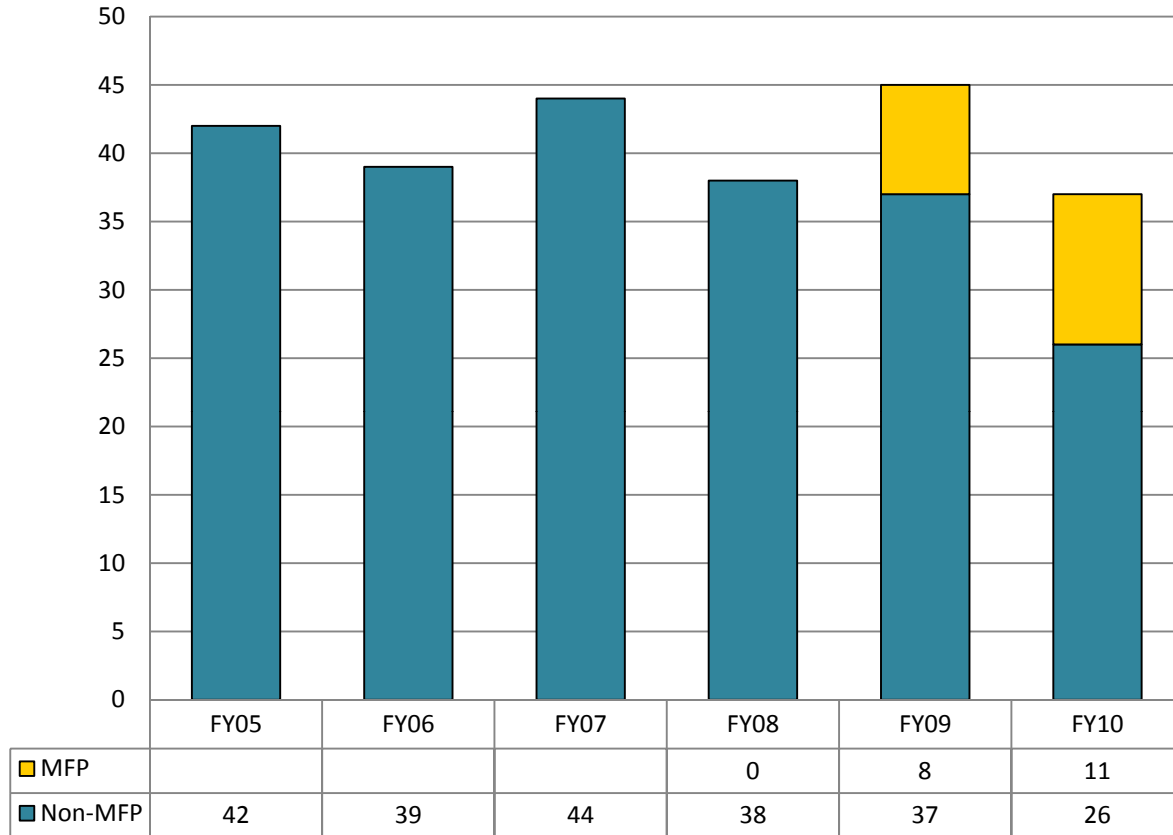


The number of nursing facility users who transitioned to HCBS has increased by 37% in the last five years, from 536 in FY 2005 to 732 in FY 2010. In FY 2010, 38% of transitioned individuals participated in MFP.

**Note:** This chart illustrates the number of individuals who had at least 30 continuous Medicaid-paid days in a Nursing Facility. The institutional span must have been followed by at least 30 days of MA eligibility, not immediately followed by an inpatient stay of more than 3 days, not followed by another LTC institutional stay within 30 days, and individuals must have either enrolled in a waiver program or used some other home health service after transition. Nursing Facility users must have also had a valid Medicaid level of care designation.

**Source:** Maryland MMIS data as analyzed by The Hilltop Institute, FY 2005 – FY 2010

## Number of Chronic Hospital Users Who Transitioned to HCBS

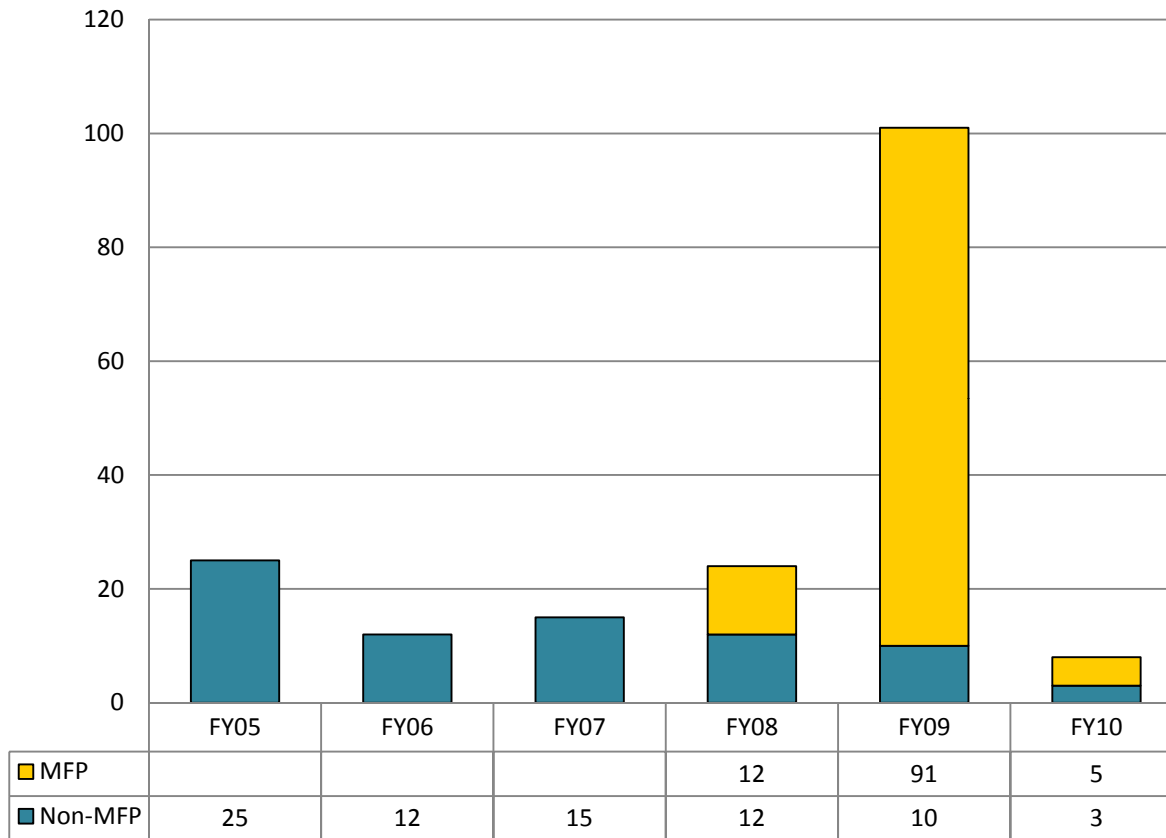


The number of chronic hospital users who transitioned to HCBS has decreased slightly in the last five years, from 42 in FY 2005 to 37 in FY 2010. In FY 2010, 30% of transitioned individuals participated in MFP.

**Note:** This chart illustrates the number of individuals who had at least 30 continuous Medicaid-paid days in a Chronic Hospital. The institutional span must have been followed by at least 30 days of MA eligibility, not immediately followed by an inpatient stay of more than 3 days, not followed by another LTC institutional stay within 30 days, and individuals must have either enrolled in a waiver program or used some other home health service after transition. Nursing Facility users must have also had a valid Medicaid level of care designation.

**Source:** Maryland MMIS data as analyzed by The Hilltop Institute, FY 2005 – FY 2010

## Number of State Residential Center Users Who Transitioned to HCBS

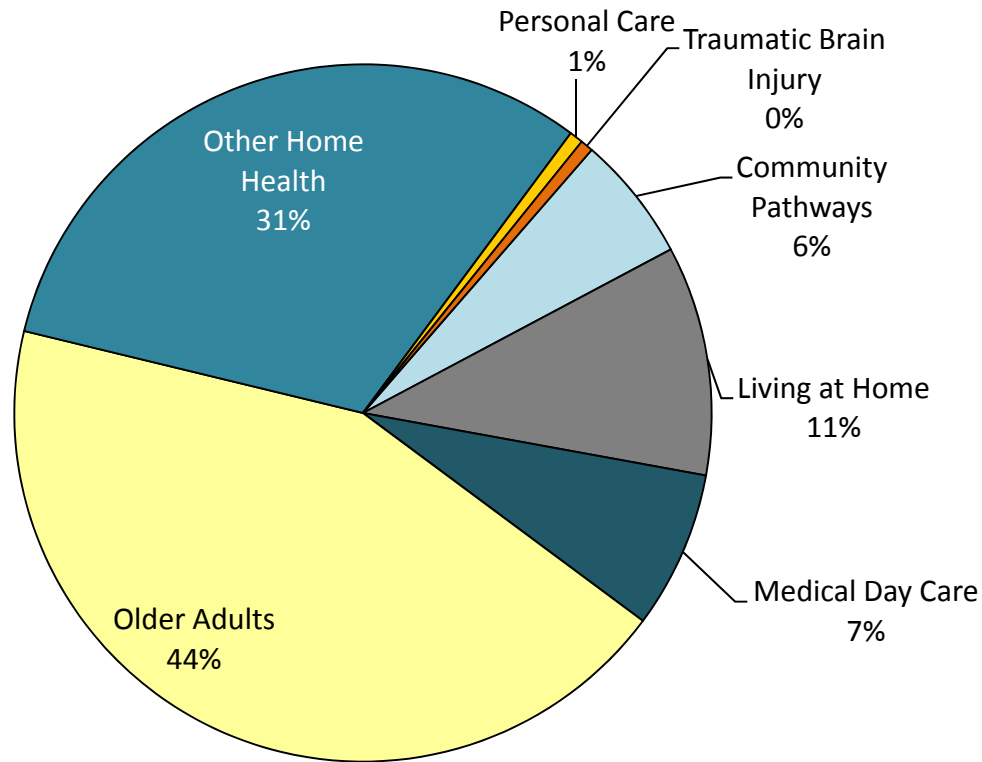


The number of state residential center users who transitioned to HCBS spiked in FY 2009, when more individuals transitioned than in the previous four years combined. In FY 2009, the year of the spike, 90% of transitioned individuals participated in MFP.

**Note:** This chart illustrates the number of individuals who had at least 30 continuous Medicaid-paid days in a State Residential Center. The institutional span must have been followed by at least 30 days of MA eligibility, not immediately followed by an inpatient stay of more than 3 days, not followed by another LTC institutional stay within 30 days, and individuals must have either enrolled in a waiver program or used some other home health service after transition. Nursing Facility users must have also had a valid Medicaid level of care designation.

**Source:** Maryland MMIS data as analyzed by The Hilltop Institute, FY 2005 – FY 2010

# HCBS Transition Destinations: FY 2005 – FY 2008

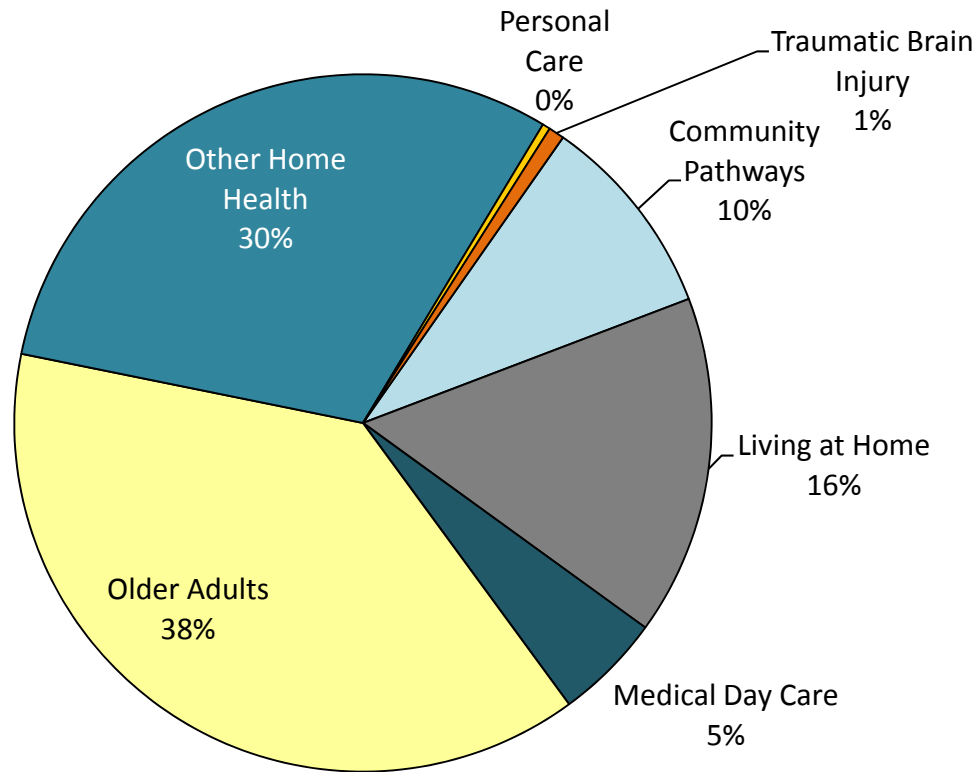


Between FY 2005 and FY 2008, the majority of individuals who transitioned and used HCBS participated in the Older Adults Waiver (OAW).

**Note:** This chart illustrates the number of individuals who had at least one Medicaid-paid day in one of the following settings: Nursing Facility, Chronic Hospital, State Residential Center, or Institute for Mental Disease and either enrolled in a waiver program or used some other home health service. Nursing Facility users must have also had a valid Medicaid level of care designation.

**Source:** Maryland MMIS data as analyzed by The Hilltop Institute, FY 2005 – FY 2010

## HCBS Transition Destinations: FY 2009 – FY 2010



As in the prior period, the majority of individuals who transitioned and used HCBS between FY 2009 and FY 2010 participated in the OAW. The distribution of services is also similar, with a slight decrease in the share of OAW enrollment and Medical Day Care use and a corresponding increase in the share of Living at Home (LAH) Waiver and Community Pathways enrollment.

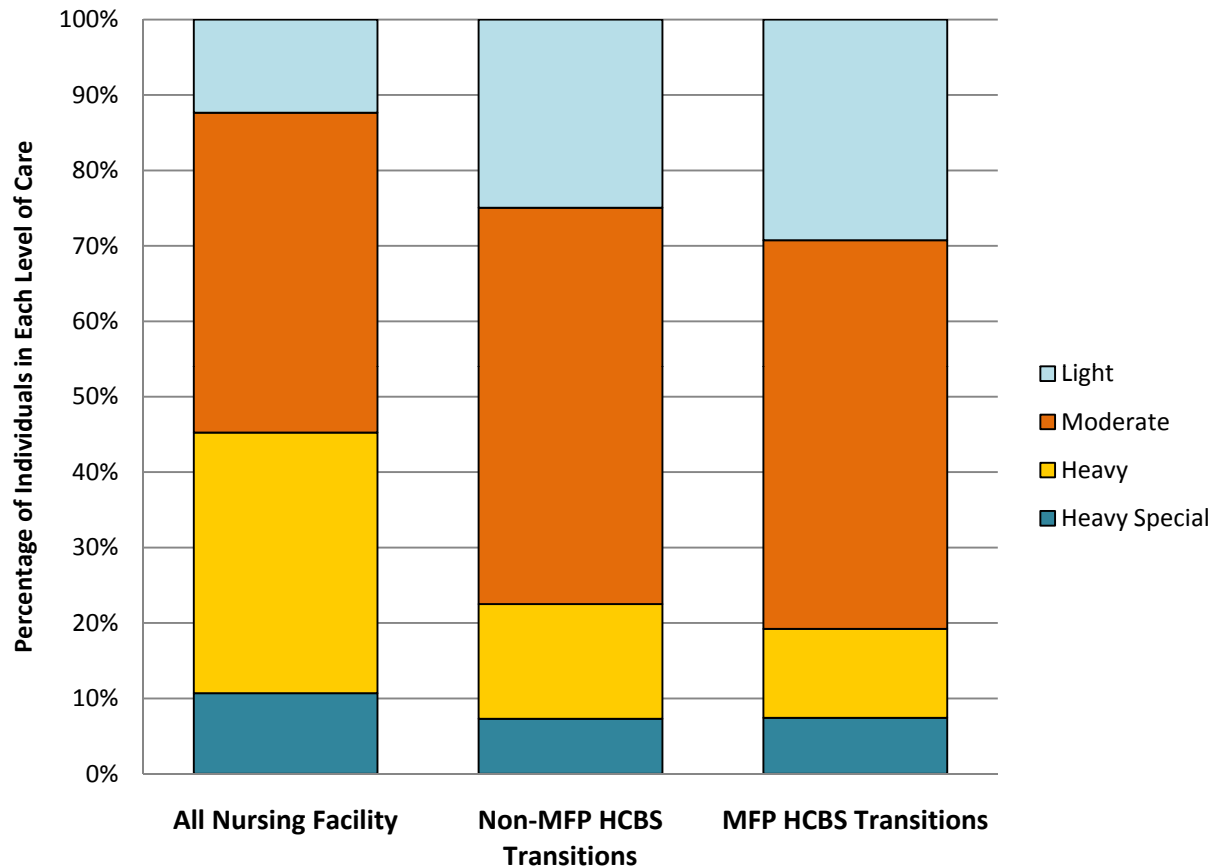
**Note:** This chart illustrates the number of individuals who had at least one Medicaid-paid day in one of the following settings: Nursing Facility, Chronic Hospital, State Residential Center, or Institute for Mental Disease and either enrolled in a waiver program or used some other home health service. Nursing Facility users must have also had a valid Medicaid level of care designation.

**Source:** Maryland MMIS data as analyzed by The Hilltop Institute, FY 2005 – FY 2010

# Characteristics of HCBS Transitions FY 2005 – FY 2010



## Nursing Facility Level of Care: FY 2009 Comparison

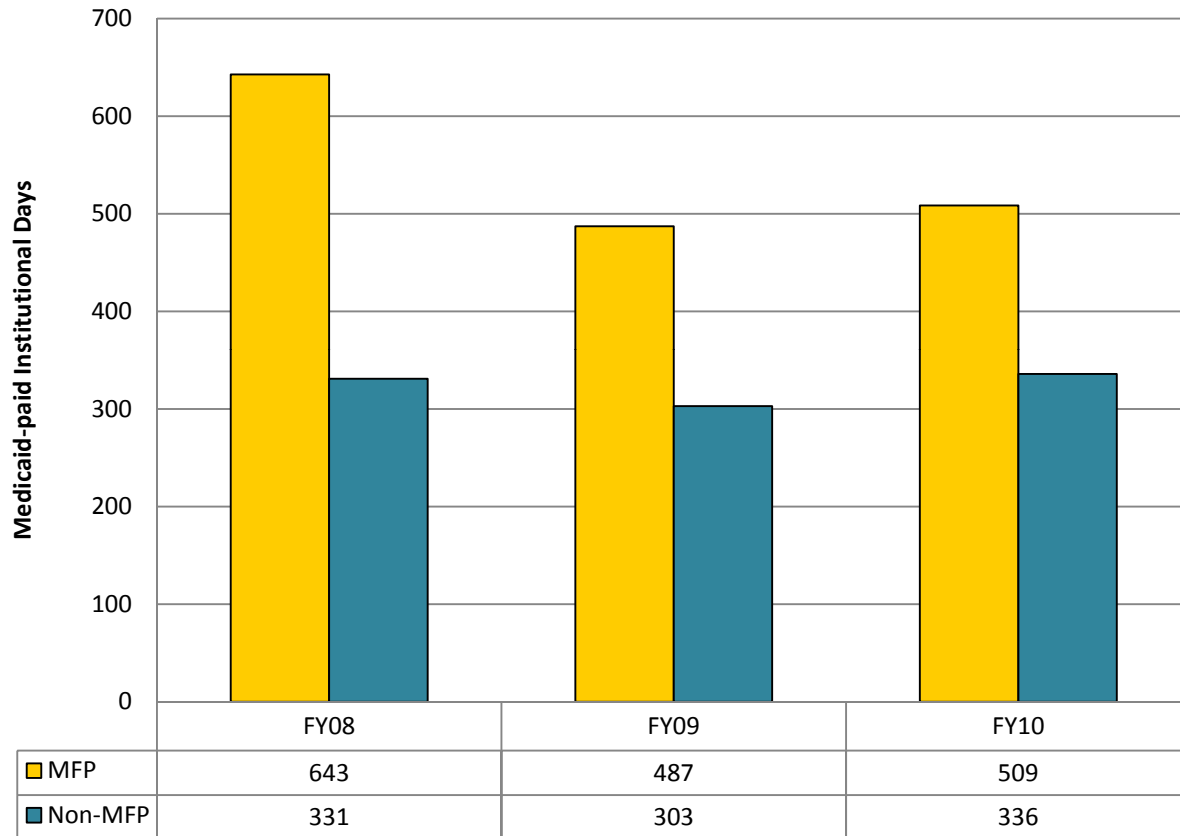


Overall, individuals who transitioned from a nursing facility to HCBS are more likely to have received a “light” or “moderate” level of care than the general nursing facility population. Also, less than half as many transitioned individuals received a “heavy” level of care compared to individuals who did not transition.

**Note:** These charts illustrate the percentage of individuals by level of care who had at least one Medicaid-paid day in a Nursing Facility and also had a valid Medicaid level of care designation.

**Source:** Maryland MMIS data as analyzed by The Hilltop Institute, FY 2009

## Medicaid Length of Stay for HCBS Transitions: Nursing Facility

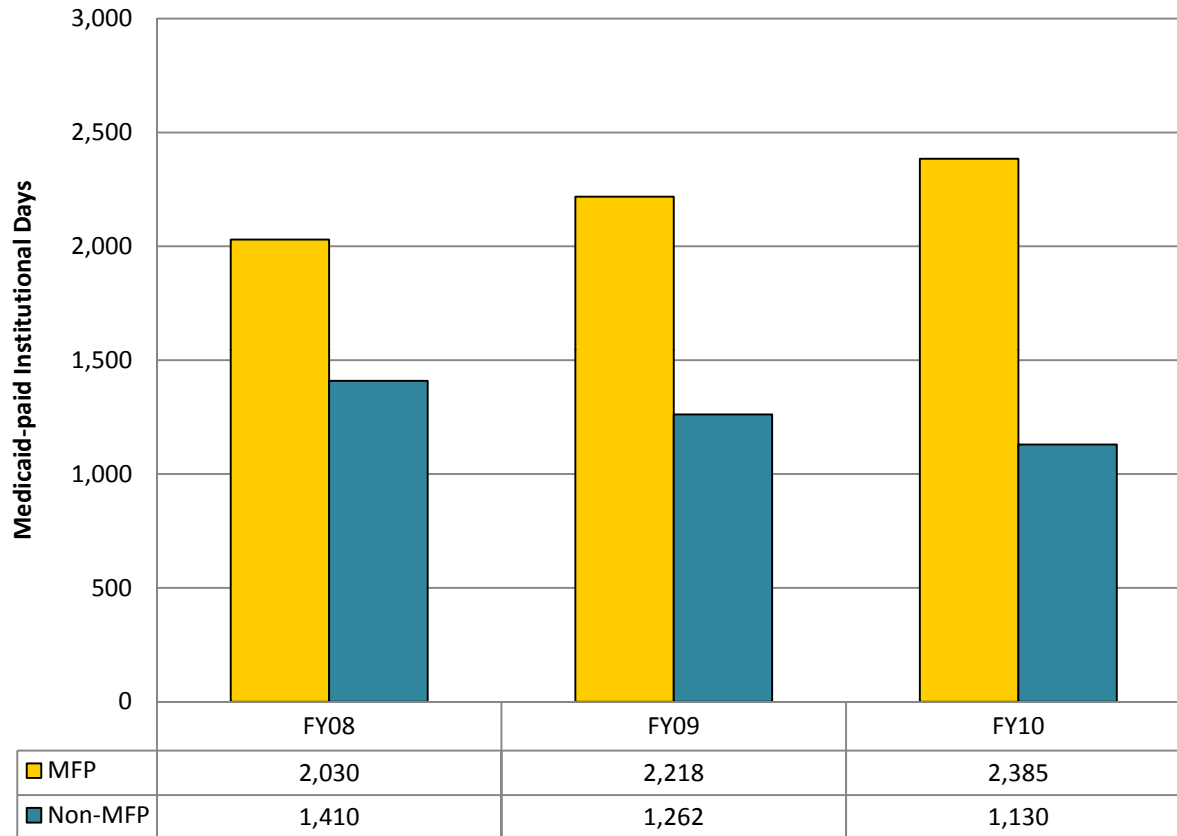


Individuals transitioning to the community from a nursing facility under MFP have historically had longer lengths of stay than those transitioning to HCBS without MFP participation. In FY 2008, MFP participants had lengths of stay almost twice as long as their non-MFP counterparts, with the gap narrowing to about 1.5 times as long in FY 2010.

**Note:** This chart illustrates the number of continuous Medicaid-paid institutional days for individuals who had at least one Medicaid-paid day in a Nursing Facility and either enrolled in a waiver program or used some other home health service. Nursing Facility users must have also had a valid Medicaid level of care designation.

**Source:** Maryland MMIS data as analyzed by The Hilltop Institute, FY 2008 – FY 2010

## Medicaid Length of Stay for HCBS Transitions: State Residential Center

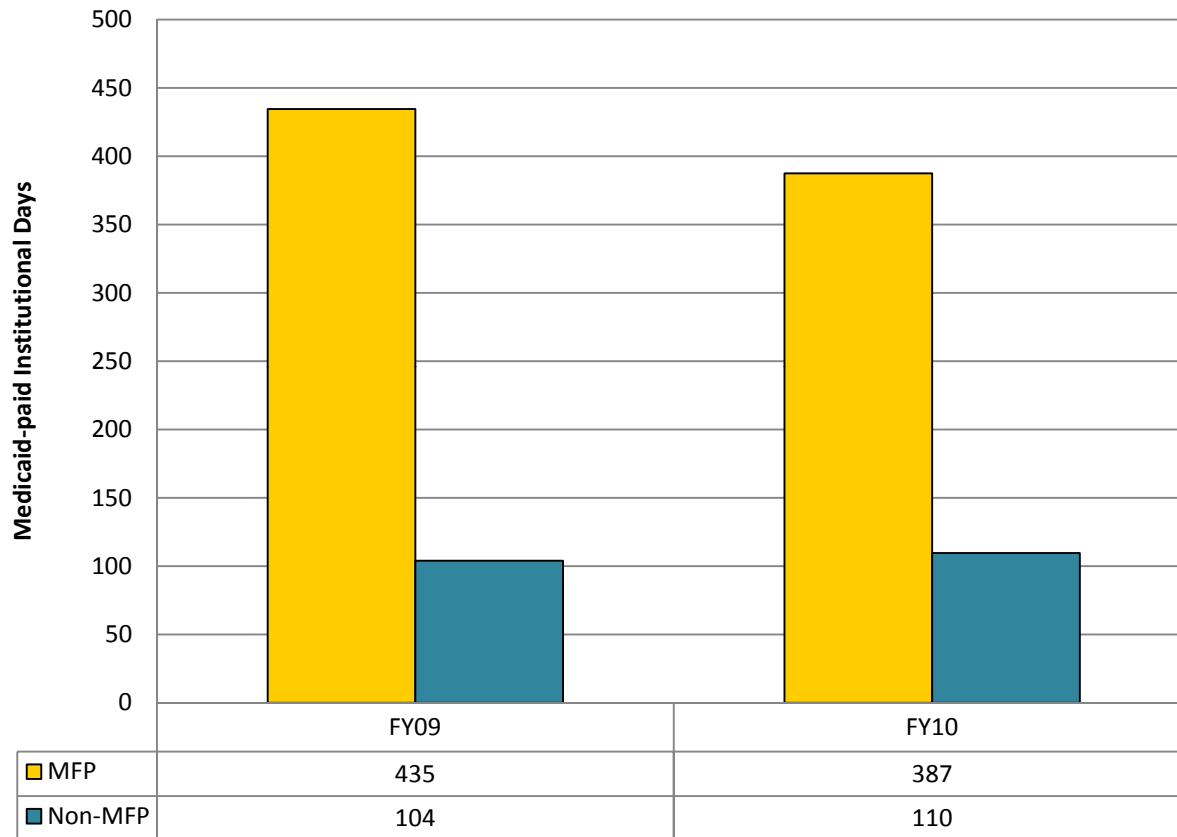


Individuals transitioning to the community from state residential centers under MFP have historically had longer lengths of stay than those transitioning to HCBS without MFP participation. In FY 2008, MFP participants had lengths of stay about 1.5 times longer than their non-MFP counterparts, with the gap widening to more than twice as long in FY 2010.

**Note:** This chart illustrates the number of continuous Medicaid-paid institutional days for individuals who had at least one Medicaid-paid day in a Chronic Hospital and either enrolled in a waiver program or used some other home health service. Nursing Facility users must have also had a valid Medicaid level of care designation.

**Source:** Maryland MMIS data as analyzed by The Hilltop Institute, FY 2008 – FY 2010

## Medicaid Length of Stay for HCBS Transitions: Chronic Hospital

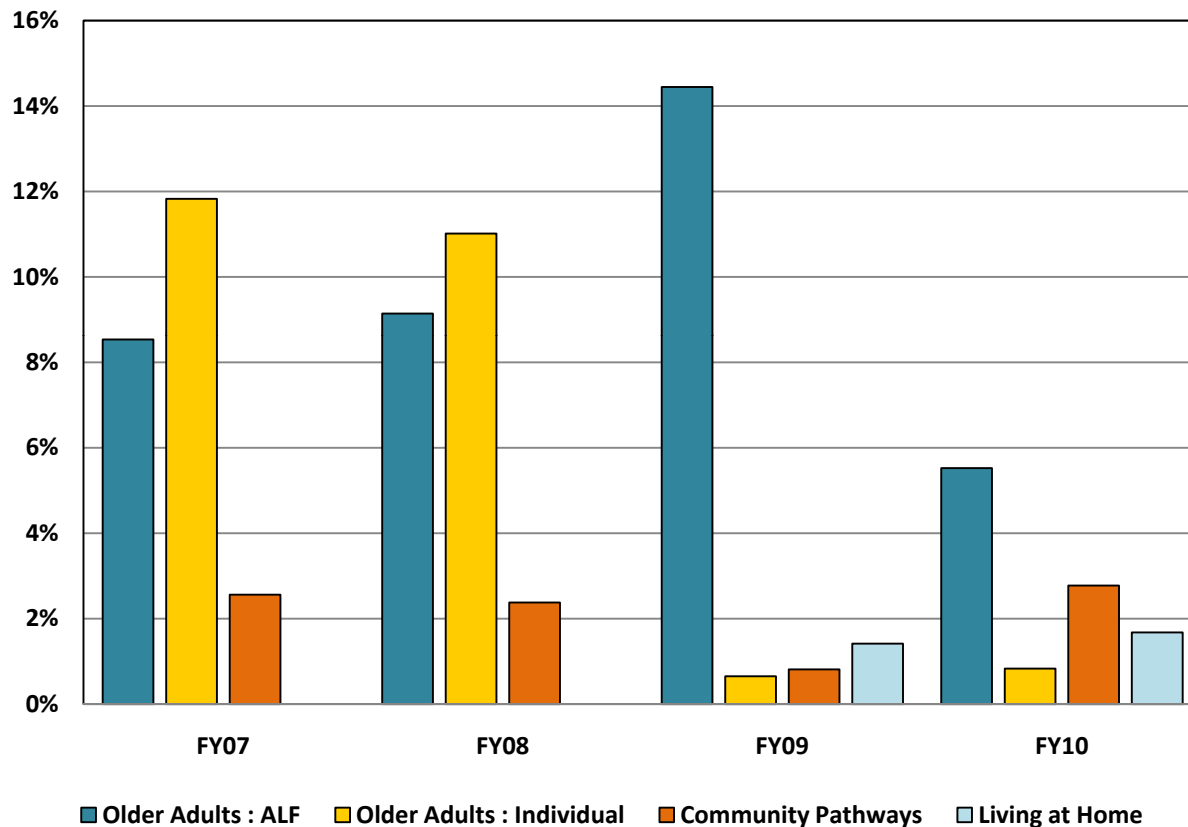


Individuals transitioning to the community from a chronic hospital under MFP have historically had much longer lengths of stay than those transitioning to HCBS without MFP participation. In FY 2009, MFP participants had lengths of stay over four times longer than their non-MFP counterparts, with the gap narrowing slightly in FY 2010.

**Note:** This chart illustrates the number of continuous Medicaid-paid institutional days for individuals who had at least one Medicaid-paid day in a Chronic Hospital and either enrolled in a waiver program or used some other home health service. Nursing Facility users must have also had a valid Medicaid level of care designation.

**Source:** Maryland MMIS data as analyzed by The Hilltop Institute, FY 2008 – FY 2010

## Percent of Transitioned Waiver Participants Who Were Reinstitutionalized, by Waiver Program: FY 2007 – FY 2010



**Note:** This chart illustrates the number of individuals who had at least one Medicaid-paid day in one of the following settings: Nursing Facility, Chronic Hospital, State Residential Center, or Institute for Mental Disease and subsequently enrolled in a waiver program. Nursing Facility residents must have also had a valid Medicaid level of care designation.

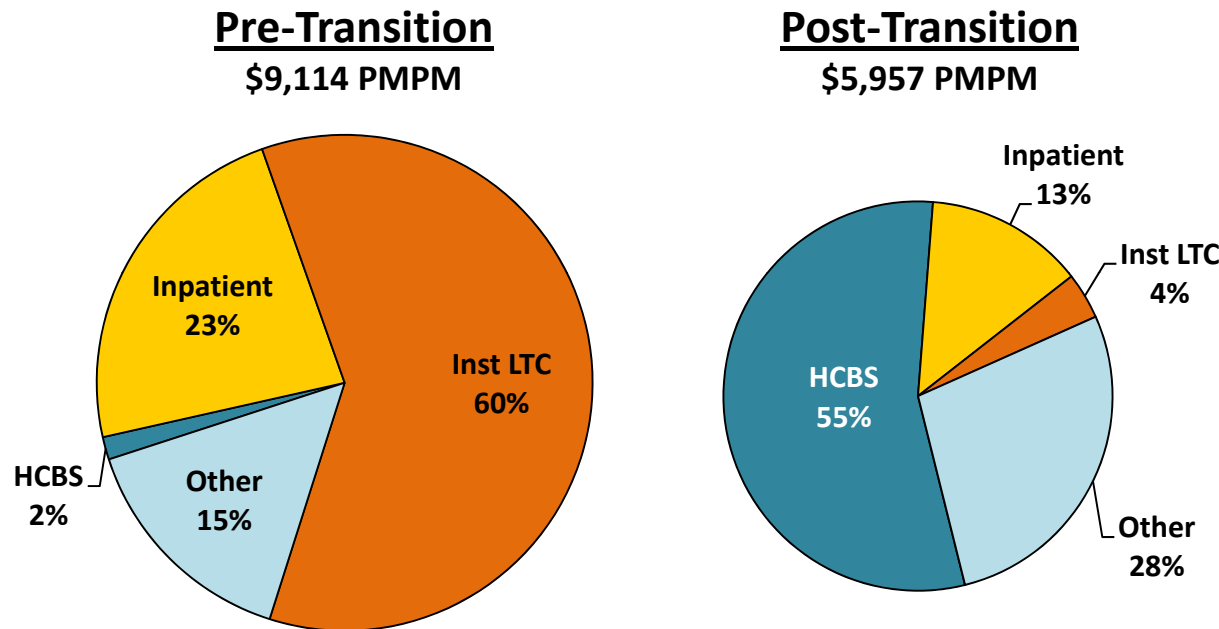
**Source:** Maryland MMIS data as analyzed by The Hilltop Institute, FY 2007 – FY 2011

From FY 2007 to FY 2010, about 5% of all individuals who transitioned (100 unique individuals) re-entered LTC institutions within one year of transition according to the “waiver disenrollment reason” in the Medicaid Management Information System.

Reinstitutionalization counts are preliminary for individuals who transitioned during FY 2010 because many of them have not yet completed a full year in the community post-transition.

**Pre- and Post-Transition  
Expenditures of  
Waiver Participants  
FY 2007 – FY 2010**

# Distribution of Pre- and Post-Transition\* Medicaid Expenditures for Living at Home: FY 2008 – FY 2010



For individuals who transitioned to the LAH Waiver between FY 2008 and FY 2010, 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.

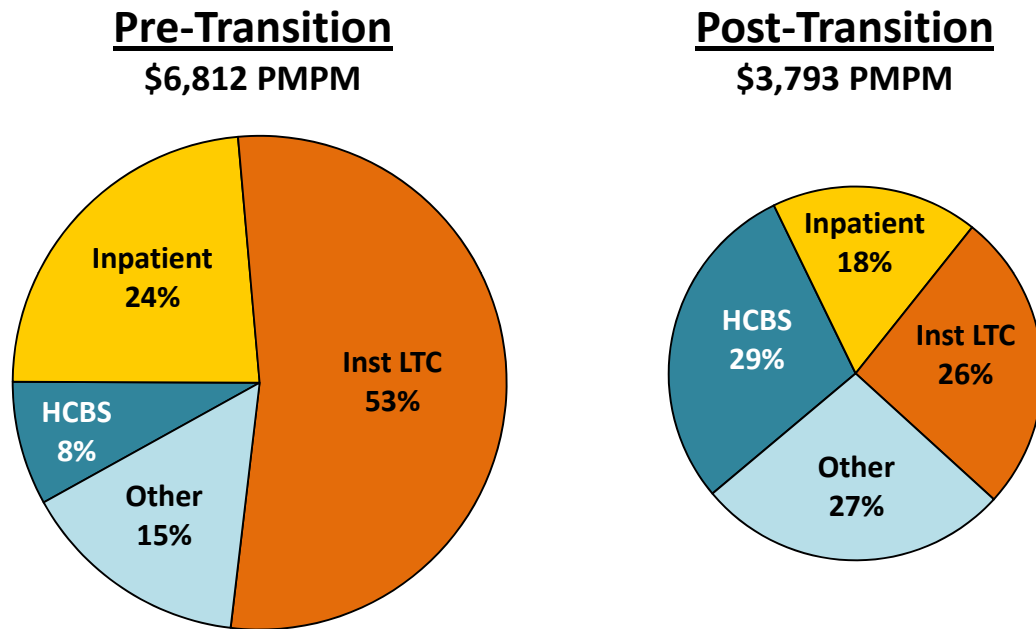
**Note:** This chart illustrates the number of individuals who had at least one Medicaid-paid day in one of the following settings: Nursing Facility, Chronic Hospital, State Residential Center, or Institute for Mental Disease and subsequently enrolled in a waiver program. Nursing Facility residents must have also had a valid Medicaid level of care designation.

“Other” services consist of: Outpatient, Physician, Dental, 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, FY 2008 – FY 2010

# Distribution of Pre- and Post-Transition\* Medicaid Expenditures for Medical Day Care: FY 2008 – FY 2010



For individuals who transitioned to the Medical Day Care Waiver between FY 2008 and FY 2010, the majority of pre-transition spending was for institutional LTC, while the post-transition spending was more equally split among all service types. The share of spending for inpatient services decreased after transition, while the share for other services increased.

**Note:** This chart illustrates the number of individuals who had at least one Medicaid-paid day in one of the following settings: Nursing Facility, Chronic Hospital, State Residential Center, or Institute for Mental Disease and subsequently enrolled in a waiver program. Nursing Facility residents must have also had a valid Medicaid level of care designation.

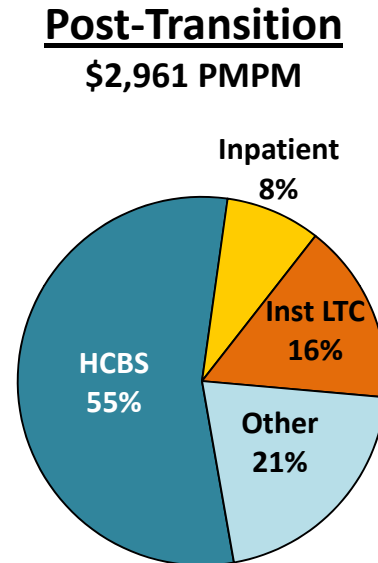
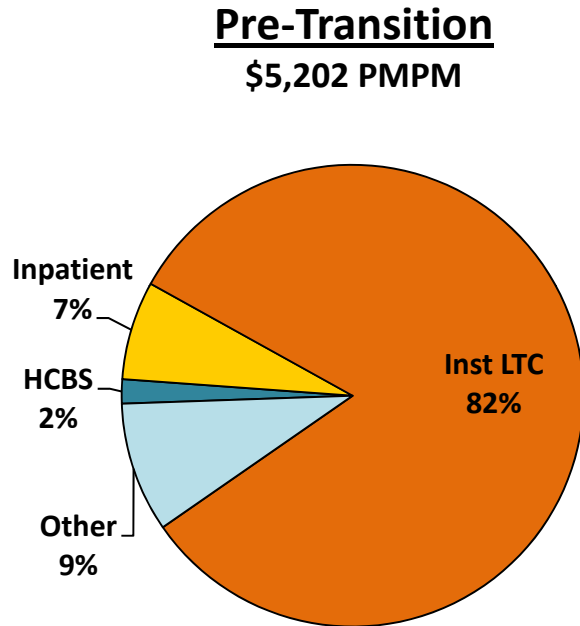
“Other” services consist of: Outpatient, Physician, Dental, Pharmacy, Capitation, and services from special programs.

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

**Source:** Maryland MMIS data as analyzed by The Hilltop Institute, FY 2008 – FY 2010



# Distribution of Pre- and Post-Transition\* Medicaid Expenditures for Older Adults Waiver, Assisted Living: FY 2008 – FY 2010



For individuals who transitioned to the OAW (Assisted Living) between FY 2008 and FY 2010, 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 remained relatively constant after transition, while the share for other services increased.

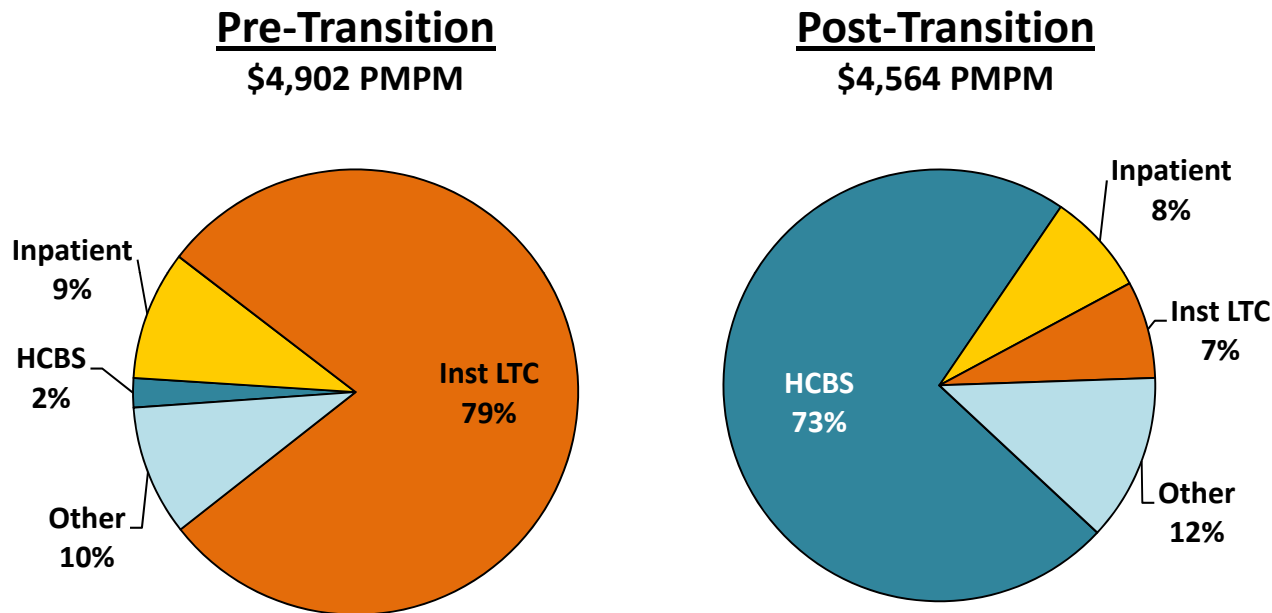
**Note:** This chart illustrates the number of individuals who had at least one Medicaid-paid day in one of the following settings: Nursing Facility, Chronic Hospital, State Residential Center, or Institute for Mental Disease and subsequently enrolled in a waiver program. Nursing Facility residents must have also had a valid Medicaid level of care designation.

“Other” services consist of: Outpatient, Physician, Dental, 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, FY 2008 – FY 2010

## Distribution of Pre- and Post-Transition\* Medicaid Expenditures for Older Adults Waiver, Individual Residence: FY 2008 – FY 2010



For individuals who transitioned to the OAW (Individual Residence) between FY 2008 and FY 2010, 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 the number of individuals who had at least one Medicaid-paid day in one of the following settings: Nursing Facility, Chronic Hospital, State Residential Center, or Institute for Mental Disease and subsequently enrolled in a waiver program. Nursing Facility residents must have also had a valid Medicaid level of care designation.

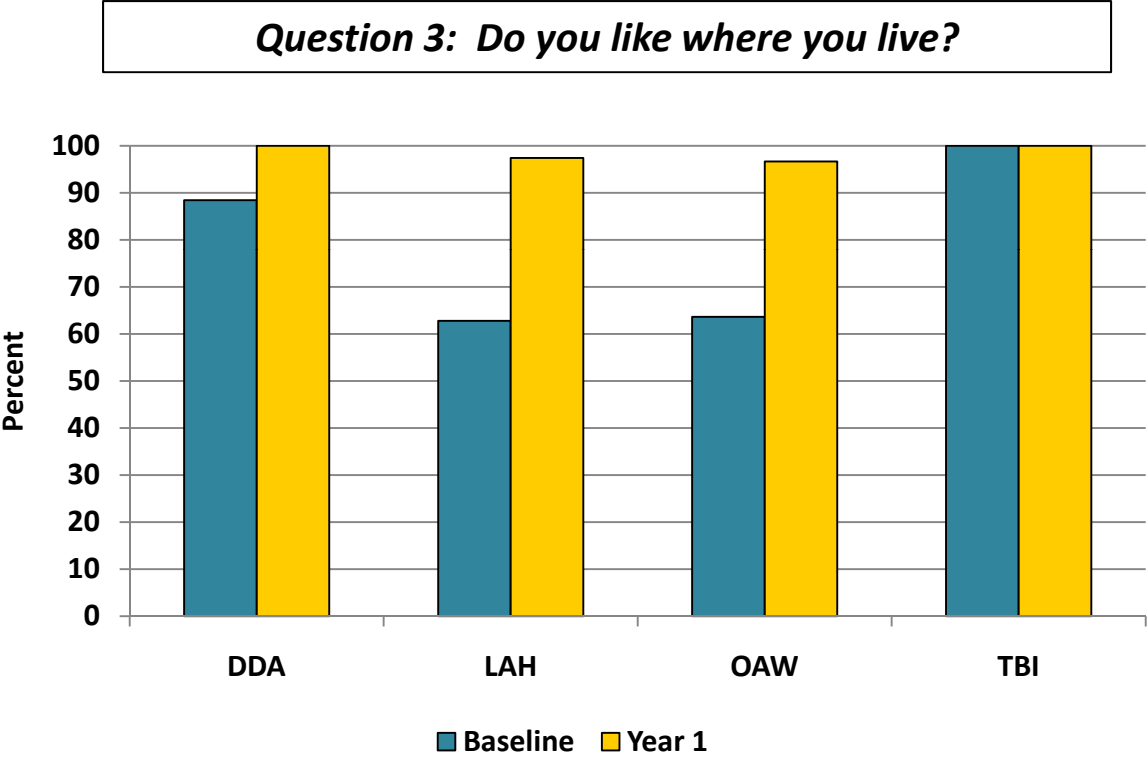
“Other” services consist of: Outpatient, Physician, Dental, Pharmacy, Capitation, and services from special programs.

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

**Source:** Maryland MMIS data as analyzed by The Hilltop Institute, FY 2008 – FY 2010

# **Quality of Life Survey: Comparison of Baseline and Year 1 Survey Responses**

# Question 3 Baseline and Year 1 “Yes” Responses as a Percentage of Total Destination Cohort Responses, by Survey Time Point

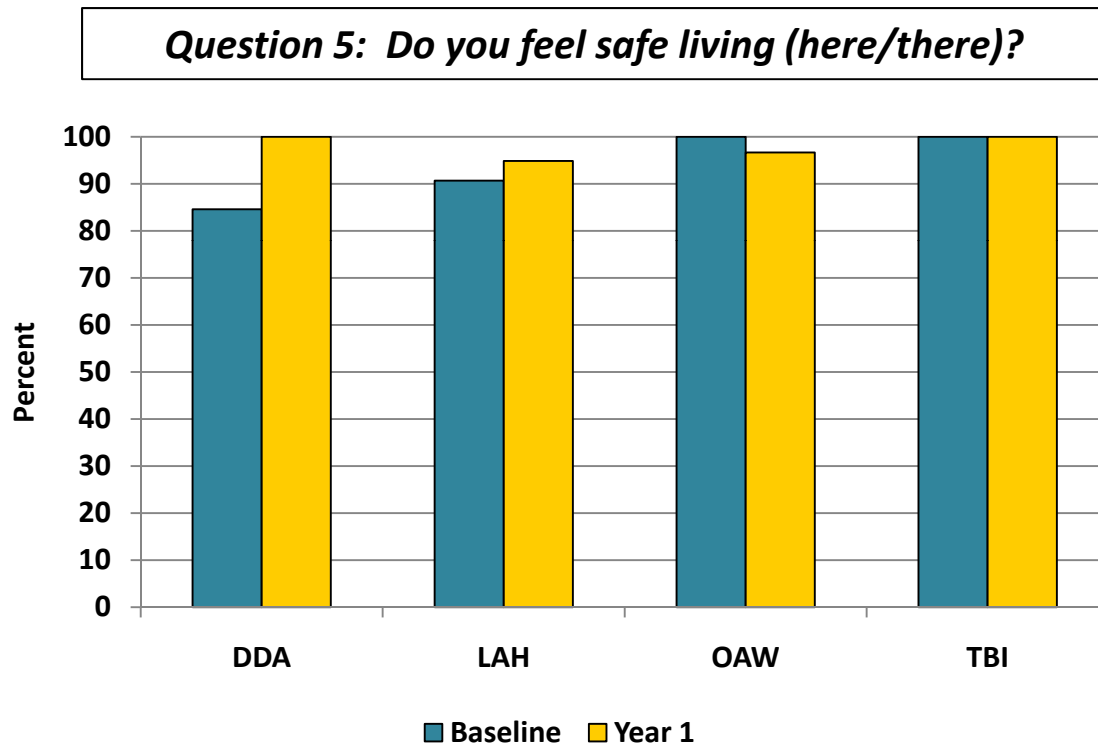


For the Developmental Disabilities Administration (DDA), LAH, and OAW destination cohorts, the percentage of “Yes” responses increased from baseline to Year 1.

The largest increase—35 percentage points—was for the LAH cohort.

Source: MFP Administrative Data

## Question 5 Baseline and Year 1 “Yes” Responses as a Percentage of Total Destination Cohort Responses, by Survey Time Point



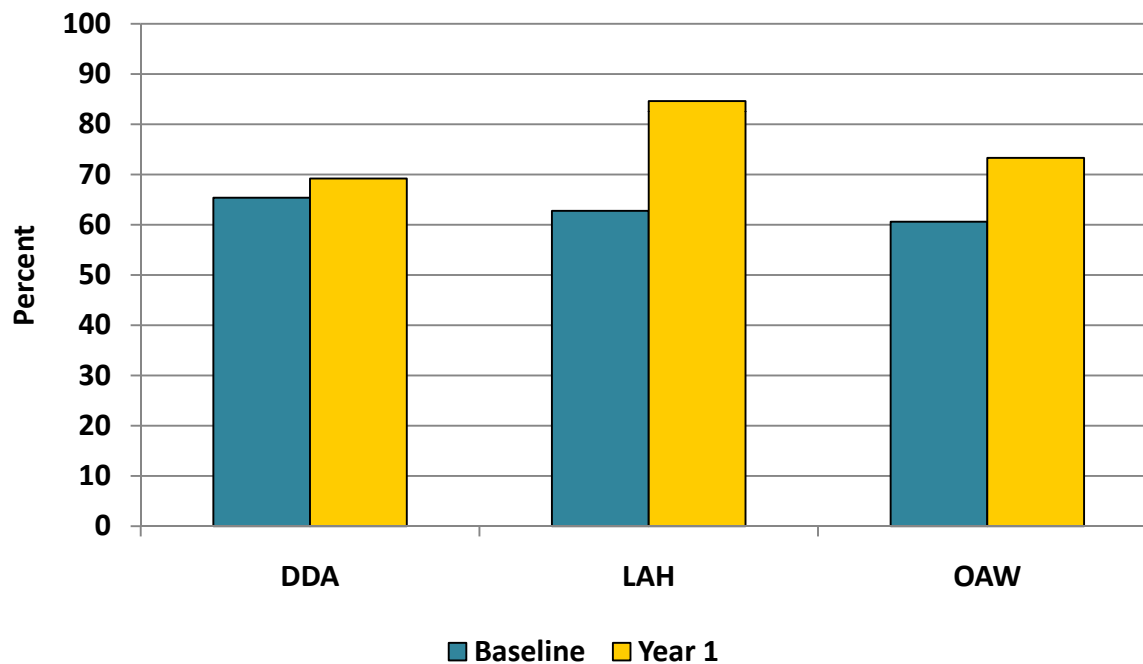
For the OAW destination cohort, the percentage of “Yes” responses decreased from baseline to Year 1 by 3 percentage points.

The increase from baseline to Year 1 for the DDA and LAH destination cohorts was 15 and 4 percentage points, respectively.

Source: MFP Administrative Data

## Question 14 Baseline and Year 1 “Yes” Responses as a Percentage of Total Destination Cohort Responses, by Survey Time Point

**Question 14: Does anyone help you with things like bathing, dressing, or preparing meals?**



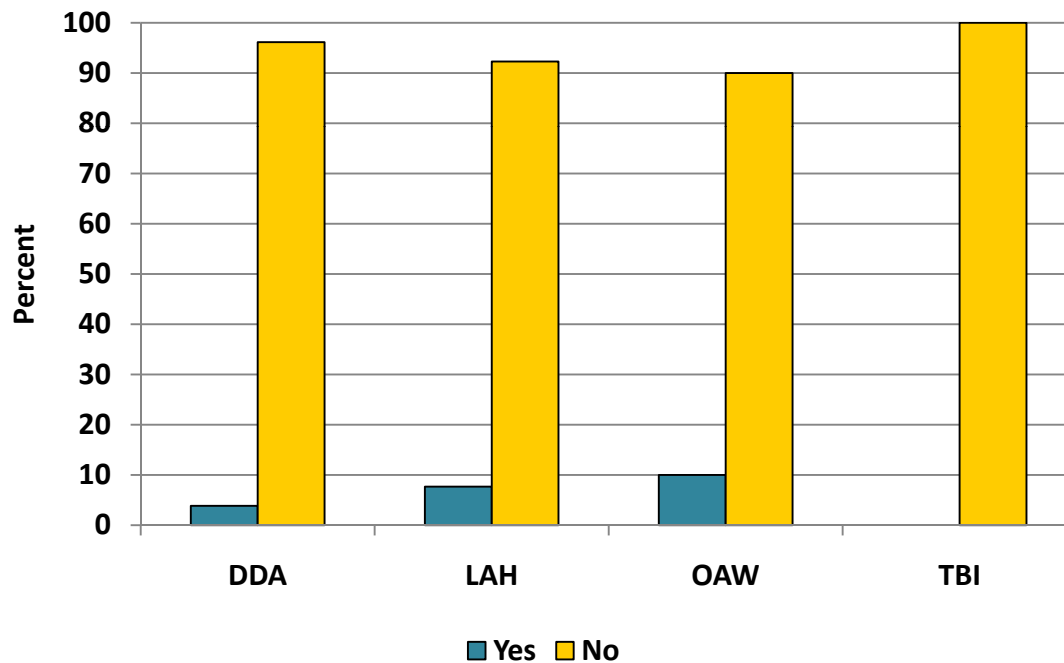
For each destination cohort, the percentage of “Yes” responses increased from baseline to Year 1.

The largest increase—22 percentage points—was for the LAH destination cohort.

Source: MFP Administrative Data

## Question 20 Year 1 Responses as a Percentage of Total Destination Cohort Responses for Year 1 Surveys Only

**Question 20: Do you need more help with things around the house than you are currently receiving? [AFTER TRANSITION ONLY]**



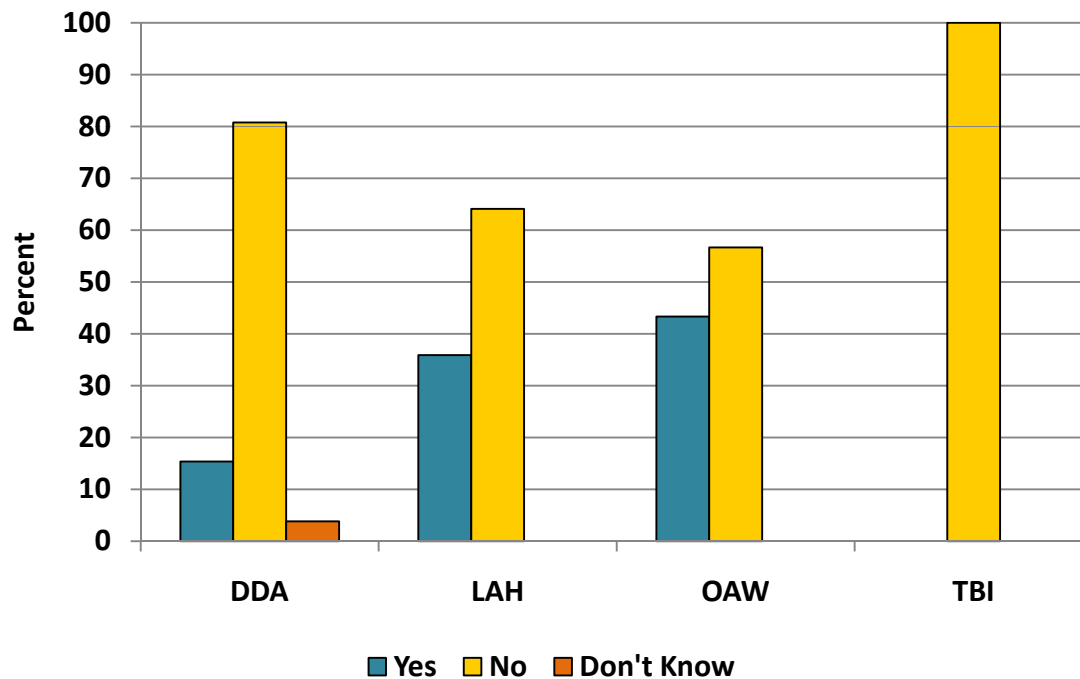
Source: MFP Administrative Data

At the Year 1 time point, 94% of total survey respondents reported that they did not need additional help around the house.

Ten percent of OAW cohort respondents reported that they needed additional help around the house, compared to 8% of LAH cohort respondents and 4% of DDA cohort respondents.

## Question 21 Year 1 Responses as a Percentage of Total Destination Cohort Responses for Year 1 Surveys Only

**Question 21: During the last week, did any family member or friends help you with things around the house? [AFTER TRANSITION ONLY]**



Source: MFP Administrative Data

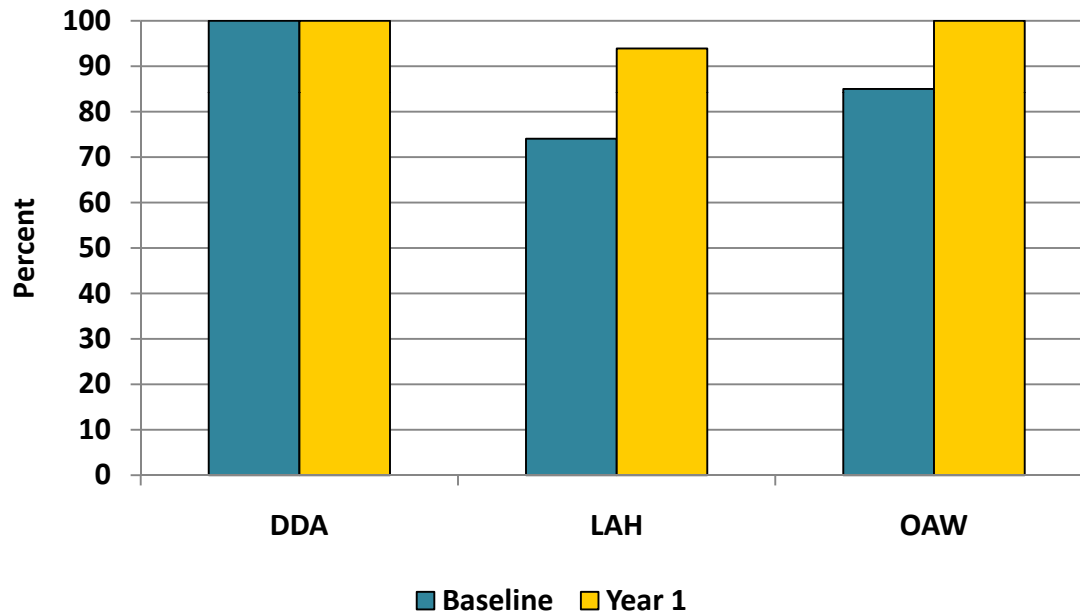
At the Year 1 time point, 67% of all survey respondents reported that they had not received help with things around the house from family members or friends.

Forty-four percent of the OAW cohort reported that they had received help, compared to 36% of the LAH cohort and 16% of the DDA cohort.



## Question 22 Baseline and Year 1 “Yes” Responses as a Percentage of Total Destination Cohort Responses, by Survey Time Point

**Question 22: Do the people who help you treat you the way you want them to?**

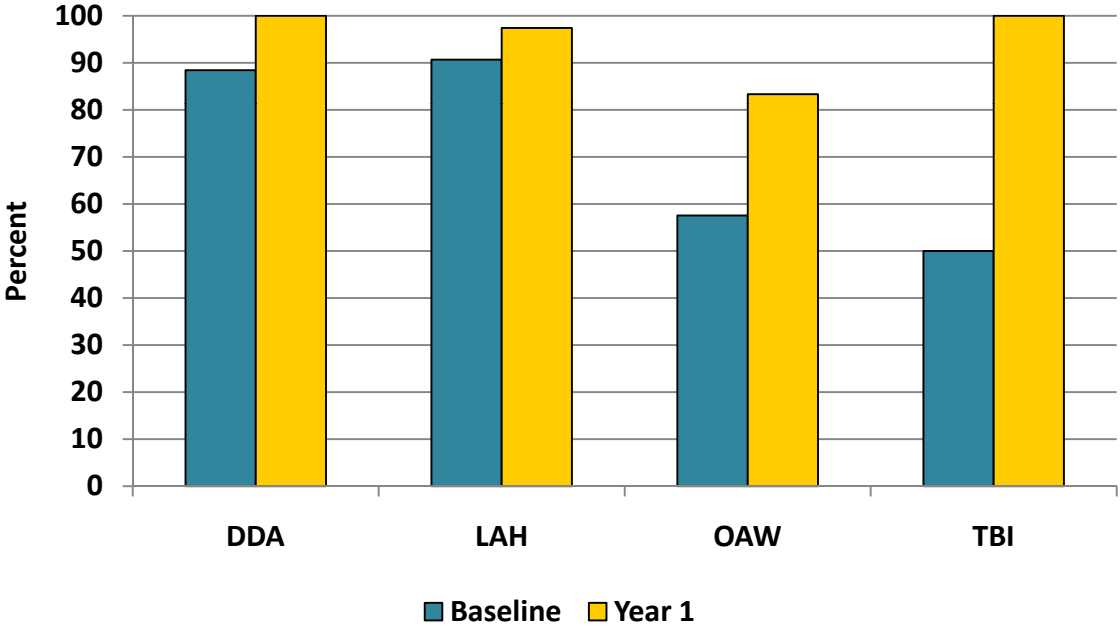


The percentage of “Yes” responses increased from baseline to Year 1 for the LAH and OAW destination cohorts by 20 and 15 percentage points, respectively.

Source: MFP Administrative Data

# Question 28 Baseline and Year 1 “Yes” Responses as a Percentage of Total Destination Cohort Responses, by Survey Time Point

**Question 28: Can you get to the places you need to go, like work, shopping, or to the doctor’s office?**

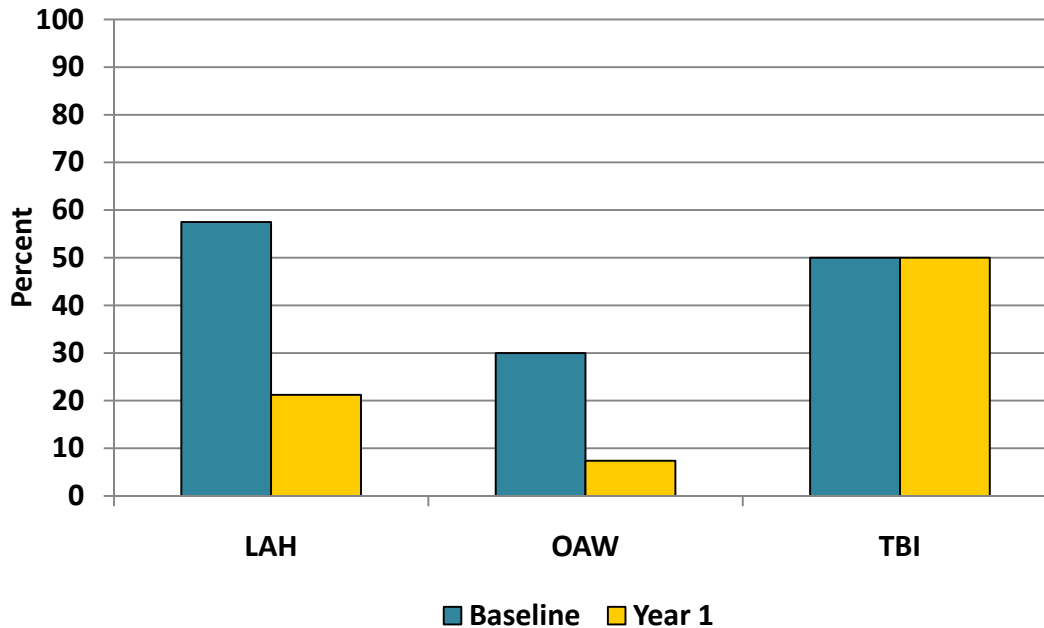


The percentage of “Yes” responses increased from baseline to Year 1 for each destination cohort. The TBI cohort had the largest increase (50 percentage points).

Source: MFP Administrative Data

## Question 30 Baseline and Year 1 “Go Out Independently” as a Percentage of Total Destination Cohort Responses, by Survey Time Point

**Question 30: When you go out, can you go out by yourself or do you need help?**

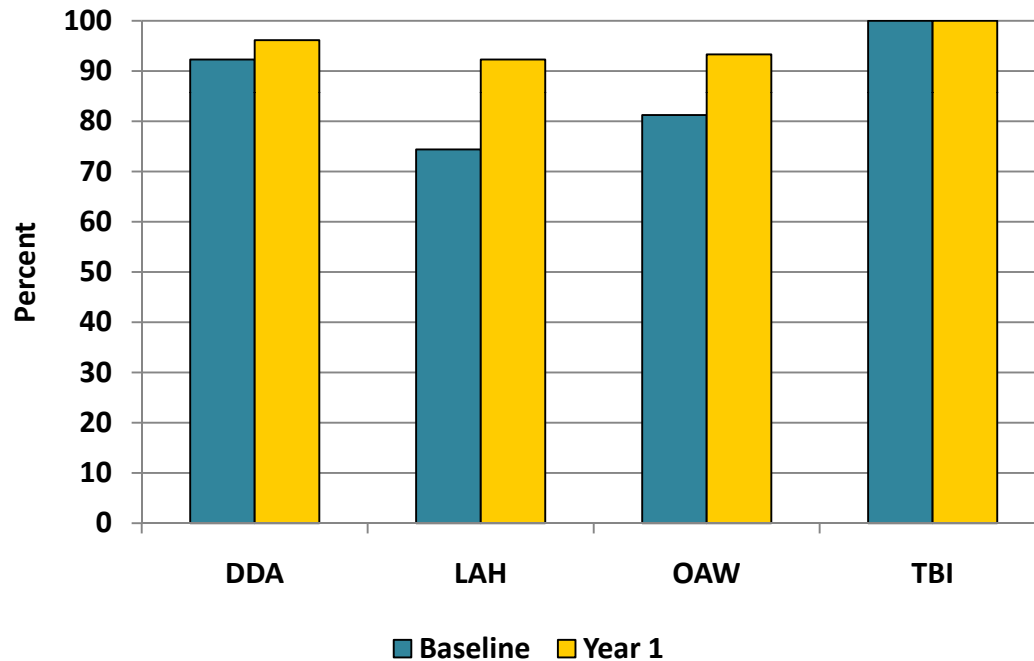


The percentage of “Go Out Independently” responses decreased from baseline to Year 1 for the LAH and OAW destination cohorts by 36 and 23 percentage points, respectively.

Source: MFP Administrative Data

## Question 37 Baseline and Year 1 “Happy” Responses as a Percentage of Total Destination Cohort Responses, by Survey Time Point

**Question 37: During the past week have you been happy or unhappy with the help you get with things around the house or getting around your community?**

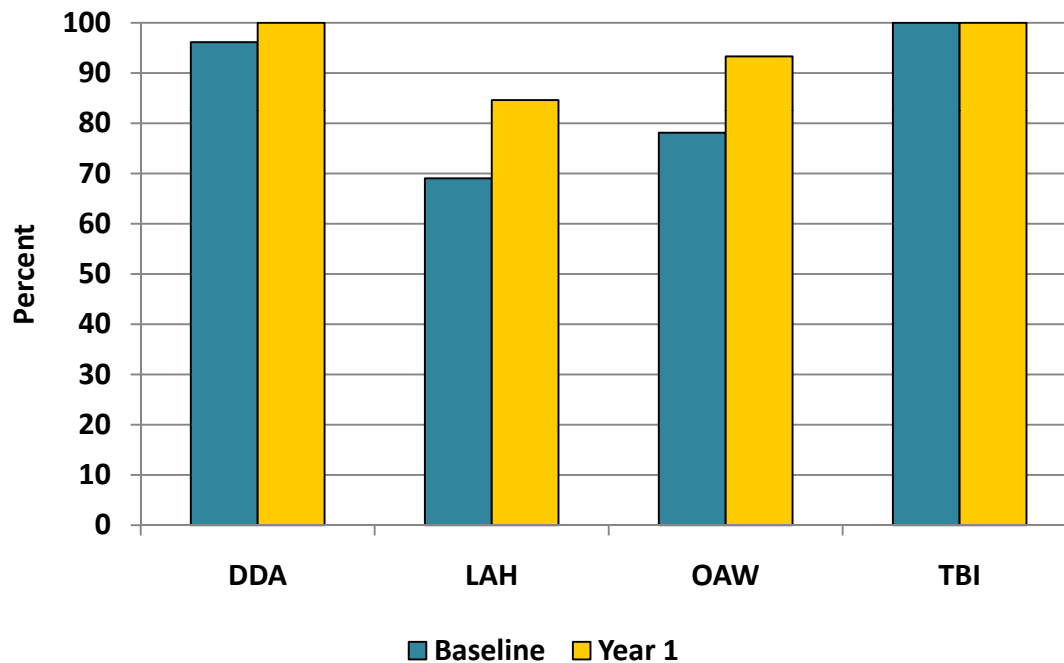


The percentage of “Happy” responses for the DDA, LAH, and OAW destination cohorts increased from baseline to Year 1 by 4, 18, and 12 percentage points, respectively.

Source: MFP Administrative Data

## Question 38 “Happy” Responses as a Percentage of Total Destination Cohort “Happy” Responses, by Survey Time Point

**Question 38: During the past week have you been happy or unhappy with the way you live your life?**



For the DDA, LAH, and OAW destination cohorts, the percentage of “Happy” responses increased from baseline to Year 1 by 4, 16, and 15 percentage points, respectively.

Source: MFP Administrative Data

## In Summary ...

- The number of Medicaid recipients transitioning from institutions to the community has been increasing, even as use of institutional services has declined.
- Most individuals who transition to the community and use HCBS participate in a waiver program.
- On average, individuals who transition have a lower nursing facility level of care than those who do not.
- MFP participants have a longer average institutional stay than individuals who transition but do not participate in MFP.
- On average, Medicaid costs decline after individuals transition to the community.
- A higher percentage of post-transition individuals than pre-transition individuals responded in a positive way to the QoL Survey questions.



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