

Medicaid Long-Term Services and Supports in Maryland: An Analysis of “Money Follows the Person”

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Background

“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” (Maryland MFP Operational Protocol, 2008, p. 4).

Objective

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 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

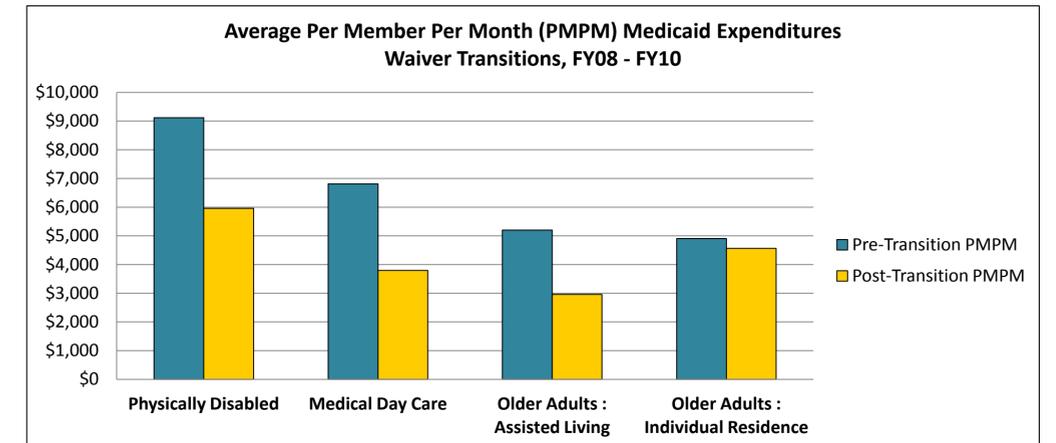
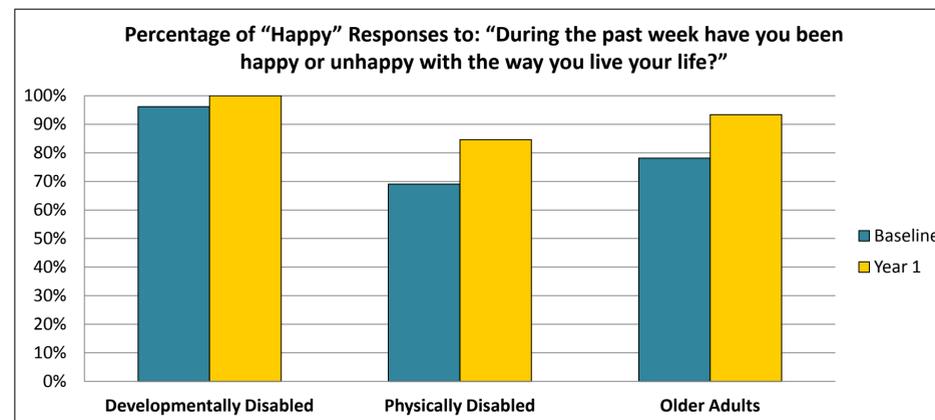
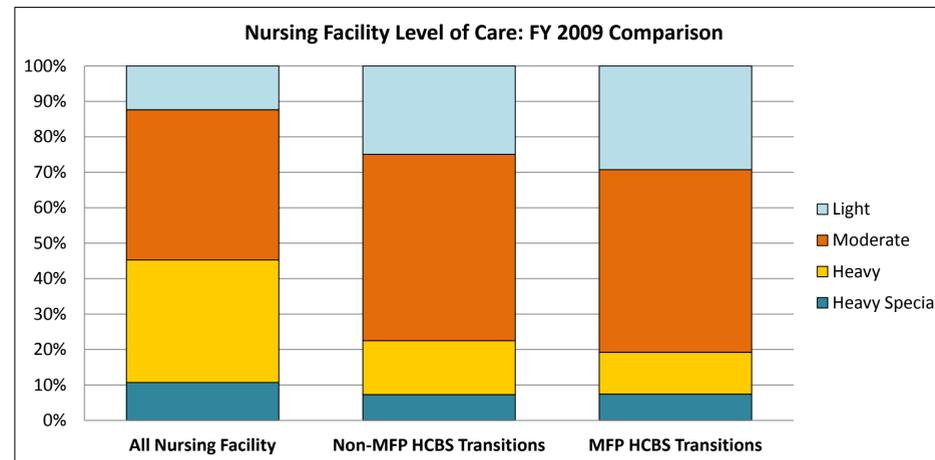
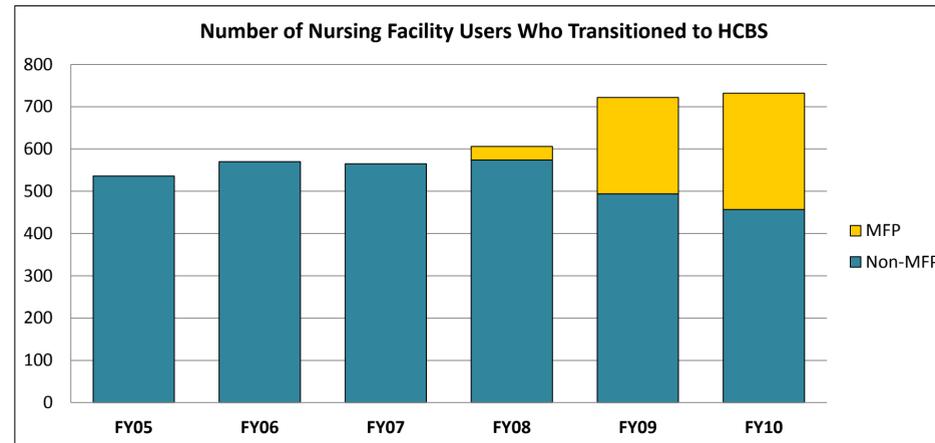
Study Population

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, 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

Principle Findings



Summary

- The number of Medicaid recipients transitioning from institutions to the community has increased, 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 transition
- MFP participants have a longer average institutional stay than individuals who transition but do not participate in MFP
- In general, 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

Lessons Learned

- Having an interactive forum with program stakeholders and dividing the metrics into thematic categories was extremely helpful
 - Stakeholders provided input from the very beginning, which enabled the project to evolve and address issues that were not originally anticipated
 - Answers always generated new questions
- Even with the data sets available, many qualitative questions that were prompted from the analysis remained unanswered
 - New data to address these questions will be collected soon, but years of relevant data were missed
- Data analysis can not only provide insight into the general program population, but also highlight subpopulations of interest (especially with a group as diverse as MFP participants)