

Medicaid Long-Term Services and Supports in Maryland: Pre-Transition Characteristics of Money Follows the Person Participants

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Background

The Money Follows the Person (MFP) Rebalancing Demonstration Grant was created as part of the Deficit Reduction Act of 2005 by the U.S. Congress in order to increase the use of home and community-based services (HCBS) and reduce institutionalization by providing HCBS to Medicaid beneficiaries who transition out of institutions and providing quality assurance and improvement to existing HCBS programs. Maryland began participating in 2007.¹

Objective

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 the Maryland Department of Health and Mental Hygiene (DHMH) to develop a set of performance metrics for the program. To better understand the pre-transition characteristics of MFP participants in order to inform program development, policies, and program evaluation, the following questions were examined:

- How prevalent are pre-transition acuity indicators, such as activity of daily living (ADL) and instrumental activity of daily living (IADL) deficiencies and select active diagnoses among MFP participants?
- How do MDS Section Q dispensations vary by waiver?

Methods

Analyses were completed to determine pre-transition characteristics of individuals who transitioned out of nursing facilities in 2012 through MFP, utilizing Medicaid HCBS. Pre-transition Minimum Data Set (MDS) assessments closest to the date of transition (within three months of transition) for individuals who transitioned through MFP in calendar year 2012 (n=280) were chosen for analysis. Acuity indicators, such as ADLs, IADLs, and co-morbidities, were examined using the last MDS assessment prior to transition from a nursing facility. Claims and eligibility data from Maryland's Medicaid Management Information System (MMIS) were analyzed along with MDS assessments. ADL Self-Performance Hierarchy categories² were used to categorize overall ADL need. Statistics covering pre-transition nursing facility acuity, ADL Self-Performance Hierarchy by Medicaid waiver program, mobility device usage, and final dispensation at the second to last pre-transition MDS assessment (n=256) by waiver program were analyzed. Analyses focused on Older Adults Waiver (OAW) and Living at Home (LAH) Waiver participants, which made up the majority of the MFP population.

Study Population

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 LTSS institutional stay within 30 days
- Followed by enrollment into an MFP HCBS waiver program

Summary

- Most individuals were found to require some level of assistance for the majority of ADLs and IADLs. Individuals required the most assistance with bathing and the least assistance with eating.
- Using the ADL Self-Performance Hierarchy to categorize ADL need, total dependence was higher among OAW participants (as compared to LAH Waiver participants) but overall quite low.
- Wheelchair usage was reported by nearly three quarters 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.
- The most common diagnoses reported were heart/circulation disorders such as anemia or hypertension, followed by metabolic disorders, such as diabetes. Non-Alzheimer's dementia diagnoses varied greatly by waiver. Two individuals in OAW reported having an Alzheimer's diagnosis.
- Nearly all individuals reported one or more co-morbidities. OAW participants reported greater numbers, with the majority reporting 4-6 co-morbidities; LAH Waiver participants reported 1-3 co-morbidities.
- Prior to transition, the majority of respondents reported having either a discharge plan or having been referred to a local agency to facilitate their transition to HCBS from nursing facility care. Nearly half had both.
- These metrics have been used to inform program development and evaluation by determining the needs of individuals transitioning back into the community within Maryland. Future iterations will examine longitudinal trends.

Figure 1. MDS Acuity Indicators: ADL and IADL Deficiencies

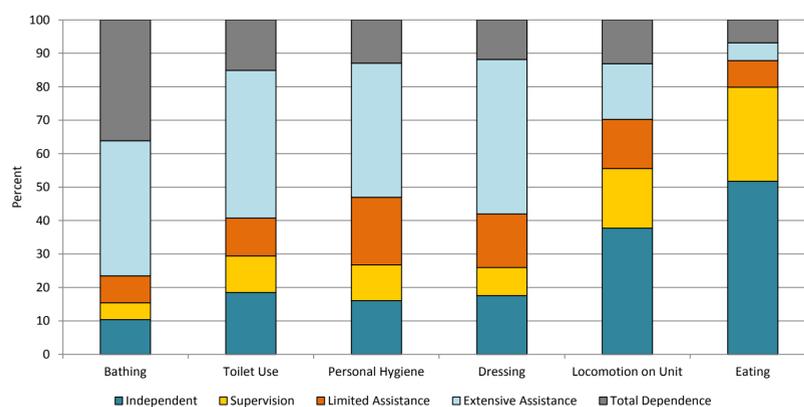


Figure 3. ADL Self-Performance Hierarchy Category by Waiver

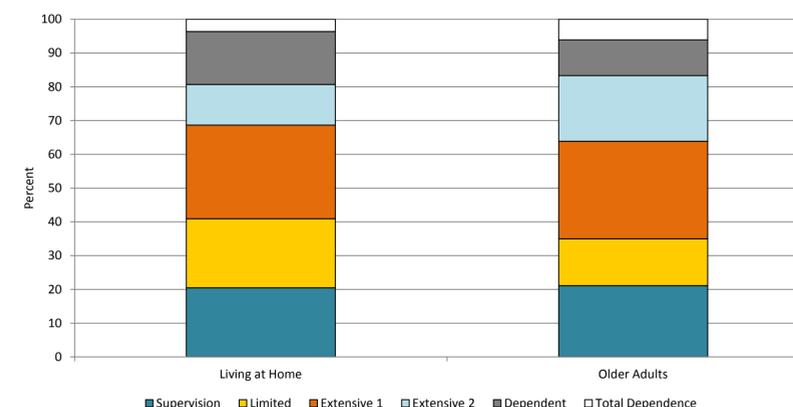


Figure 2. MDS Acuity Indicators: Select Active Diagnoses

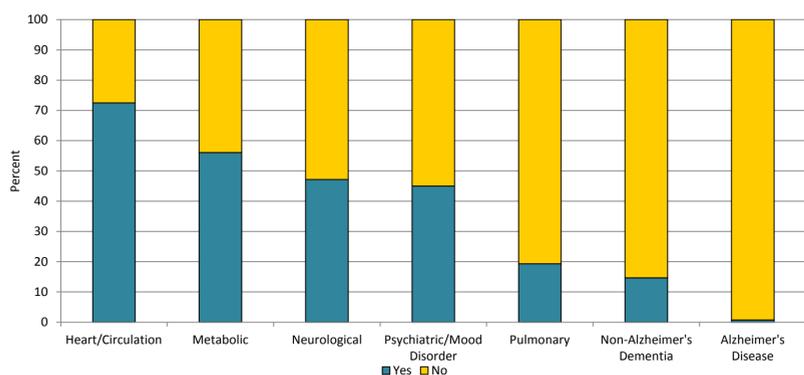
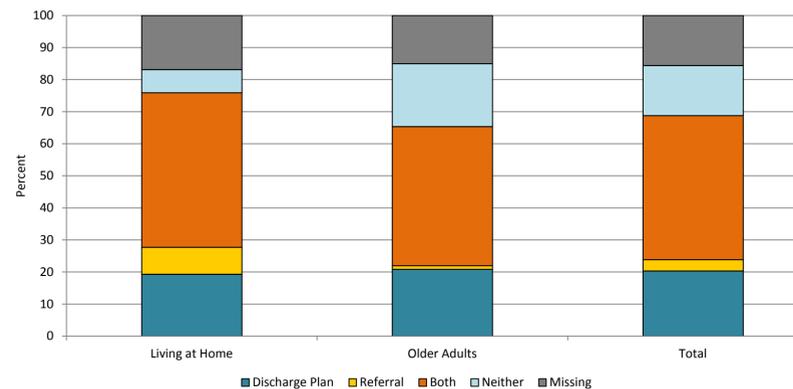


Figure 4. MDS Section Q Dispensation by Waiver



Data Source

Maryland MMIS and MDS 3.0 data as analyzed by The Hilltop Institute, 2011-2012.

References

- Money Follows the Person Demonstration: Overview of State Grantee Progress, July to December 2012, 2013, p.1-2.
- Morris JN, Fries BE, Morris SA. 1999. Scaling ADLs within the MDS. *Journal of Gerontology: Medical Sciences*, 54(11): M546-M553.

Acknowledgements

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