

Medicaid Home- and Community-Based Service Programs: A Data Update

Presenting the Findings:
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Figure 2

Medicaid HCBS Policy Issues

- Nearly every state is facing record budget deficits, which are expected to persist well into FY 2012
- Continued demands of institutional provision
- Mounting pressures to address institutional bias
 - Consumer preferences—especially among the disabled population
 - Legal pressures—Olmstead decision (1999) and Americans with Disabilities Act (1990)
 - Federal policies to promote HCBS and consumer direction
 - Patient Protection and Affordable Care Act (ACA) provides incentives to move toward more HCBS



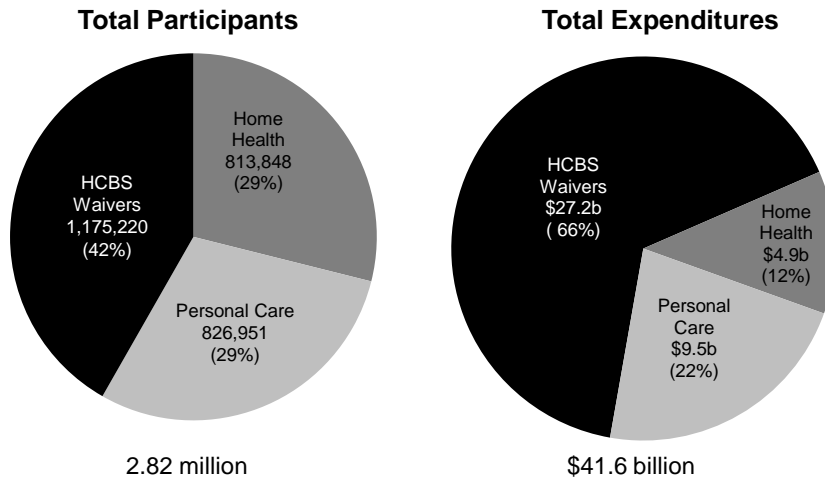
Figure 3

Medicaid HCBS Study

- **HCBS waivers (CMS Form 372 Reports)**
 - Optional, provides range of HCBS e.g. personal care
 - Must be nursing home eligible, selective recipient groups
 - Slots, geography & expenditures can be limited
 - Financial & medical eligibility vary across states
 - Waiting lists can be established
- **Personal Care optional benefit (UCSF Annual Survey)**
 - Optional, actively available in 32 states (2009)
 - Must be statewide, available to Medicaid categorically eligible groups
- **Home Health (UCSF Annual Survey)**
 - Mandatory in all states for those eligible for Medicaid institutional care

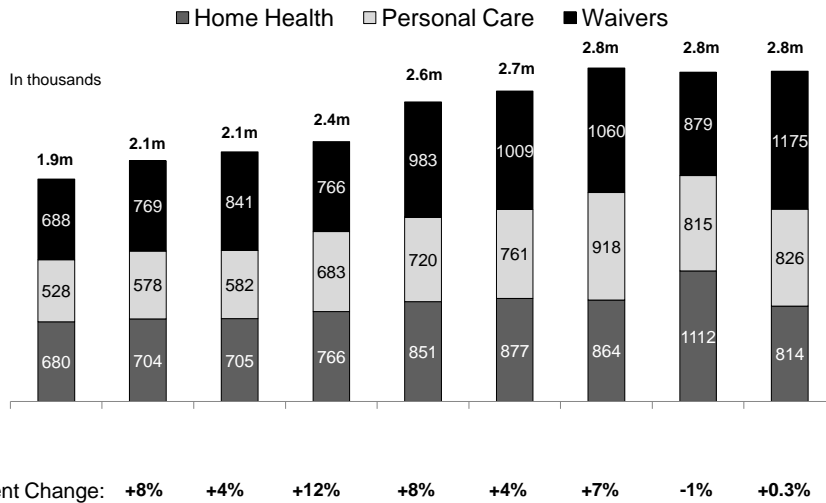
Figure 4

Medicaid HCBS Participants & Expenditures by Program, 2007



SOURCE: Kaiser Commission on Medicaid and the Uninsured and UCSF analysis of CMS Form 372 data and program surveys.

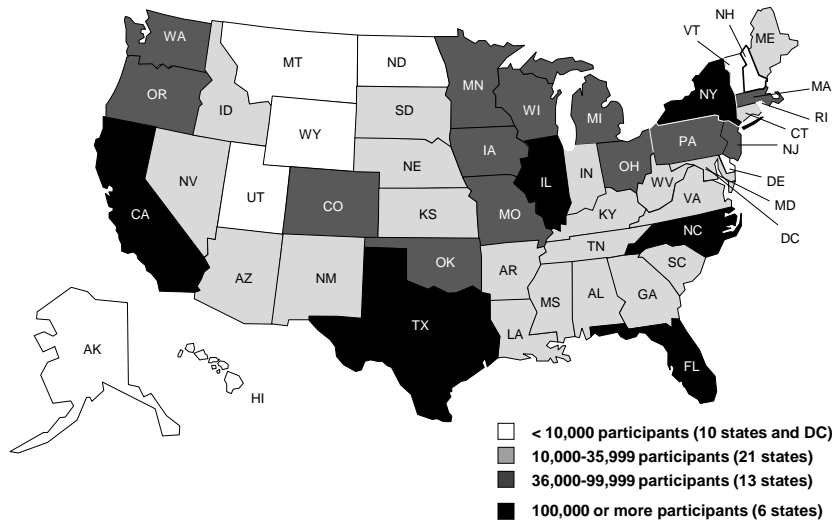
Figure 5
Growth in Medicaid Home and Community Based Services Participants, by Program, 1999-2007



Note: Figures updated annually and may not correspond with previous reports.
 Source: Kaiser Commission on Medicaid and the Uninsured and UCSF analysis of CMS Form 372 data and program surveys.



Figure 6
Total Medicaid Home and Community Based Services Participants, by State, 2007

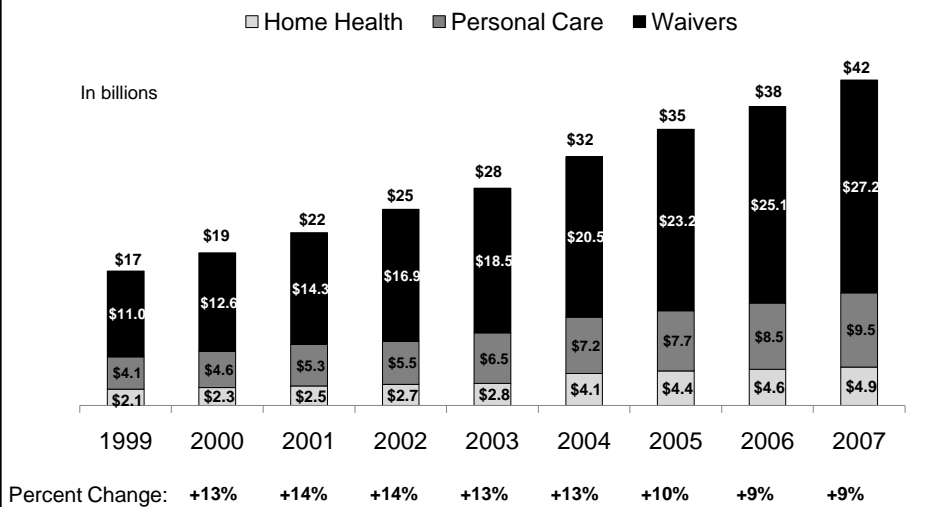


SOURCE: Kaiser Commission on Medicaid and the Uninsured and UCSF analysis of CMS Form 372 data and program surveys.



Figure 7

Growth in Medicaid Home and Community Based Services Expenditures, by Program, 1999-2007

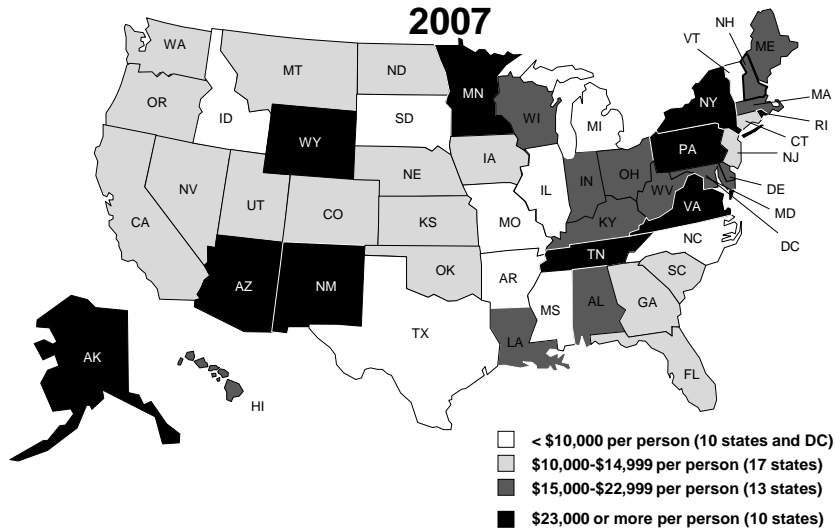


Note: Figures updated annually and may not correspond with previous reports.
 Source: Kaiser Commission on Medicaid and the Uninsured and UCSF analysis of CMS Form 372 data and program surveys.



Figure 8

Medicaid Home and Community Based Services Average Expenditures Per Person Served, by state, 2007



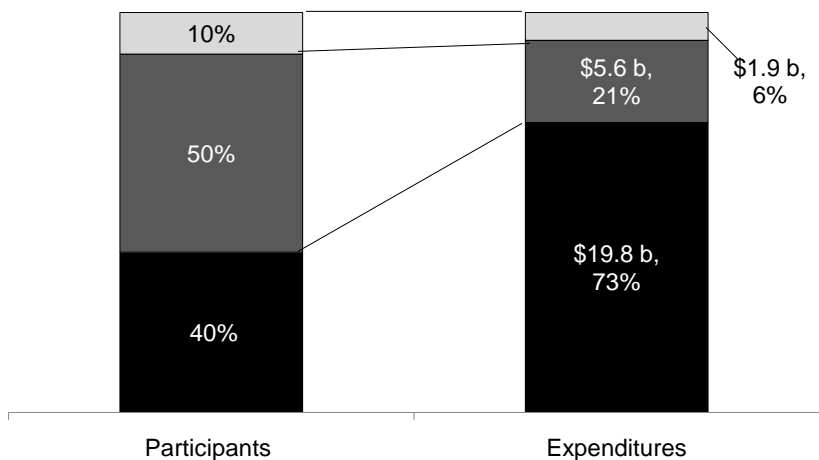
SOURCE: Kaiser Commission on Medicaid and the Uninsured and UCSF analysis of CMS Form 372 data and program surveys.



Figure 9

Waiver Participants and Expenditures by Target Group, 2007

■ MR/DD ■ Elderly/Disabled □ Others



SOURCE: Kaiser Commission on Medicaid and the Uninsured and UCSF analysis of CMS Form 372 data and program surveys.

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Figure 10

Consumer Direction & Cost Controls, 2009

	HCBS Waivers (n=286)	State Plan PCS (n=34)	Home Health (n=51)
Cost Controls			
Hourly/Service Limits	15%	50%	41%
Cost Limits	31%	12%	10%
Geographic Limits	7%	32 active states	n/a
Waiting Lists	49%	n/a	n/a
Consumer Direction			
Consumer Direction	37%	38%	10%

SOURCE: Kaiser Commission on Medicaid and the Uninsured and UCSF analysis of CMS Form 372 data and program surveys.

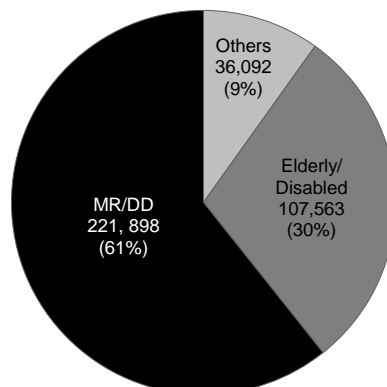
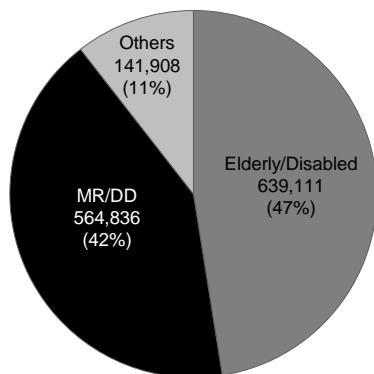
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Figure 11

Waiver Slots and Waiting Lists, by Target Group, 2009

Total Slots: 1,345,855

Waiting List total: 365,553



SOURCE: Kaiser Commission on Medicaid and the Uninsured and UCSF analysis of CMS Form 372 data and program surveys.



Figure 12

States with Largest Wait Lists for HCBS Waivers, 2009 (Total: 365,553)

Texas – 129,518 on 8 wait lists Avg. wait time: 19 months	Florida – 32,432 on 10 wait lists Avg. wait time: 33 months
Indiana – 30,686 on 4 wait lists Avg. wait time: 18 months	Louisiana – 27,359 on 5 wait lists Avg. wait time: 60 months
Pennsylvania – 20,460 on 2 wait lists Avg. wait time unknown	Oklahoma – 14,712 on 3 wait lists Avg. wait time: 62 months



Figure 13

Conclusion

- In 2007, 49 states offered 270 waivers, VT and AZ uses managed care waiver. RI started in 2009.
- 34 states had the personal care optional benefit but 2 states were not enrolling participants. The number of states with PCS is increasing.
- Medicaid HCBS participant growth has been relatively flat although expenditures continue to grow.
- Wide inter-state variation in HCBS service provision, spending on services and population served.
- Long waiting lists for HCBS waiver programs continue in many states

Medicaid's Money Follows the Person Rebalancing Demonstration: A 2010 Snapshot

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Figure 1

Money Follows the Person Overview

- Authorized by Congress in the DRA of 2005 and extended in the Affordable Care Act through 2016
- ACA changes broadened eligibility and extended funding
 - Shortened length of institutional stay to 90 days (previously 180)
 - Additional \$2.25 billion available to states
- Goals to reduce reliance on institutional care and increase community-based long-term services and supports options
- Enhanced federal funding to 30 states to transition individuals living in institutions back to the community
 - Enhanced FMAP for 12 months following discharge



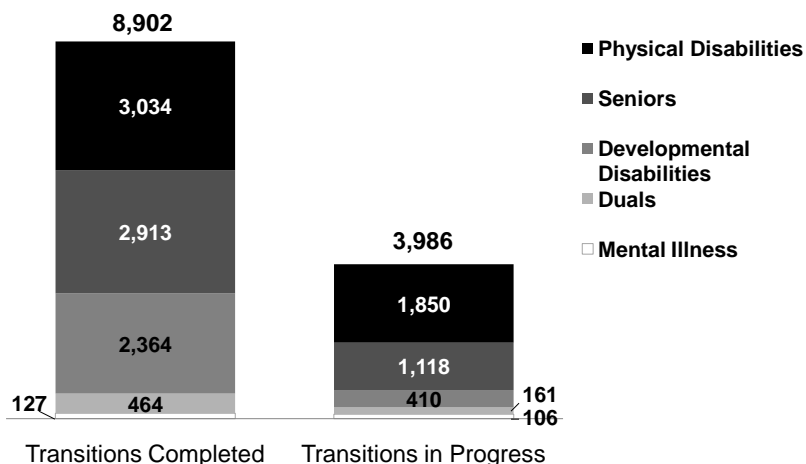
Figure 2

About the Survey

- Based on a KCMU survey of state MFP project directors conducted in July/August 2010
- Covers MFP transition progress, key program services, per capita costs
- Identifies program challenges related to housing, community workforce and the economic downturn

Figure 3

Distribution of MFP Transitions, by Target Population

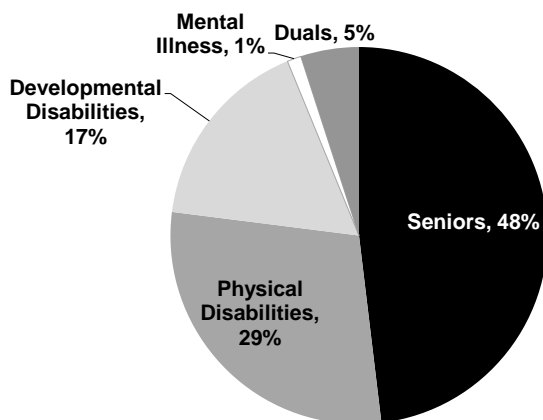


NOTE: The total number of transitions in progress includes 341 individuals from CA which did not specify target population in their survey response.

SOURCE: KCMU survey of state MFP programs, July /August 2010.

Figure 4

Distribution of MFP Reinstitutionalizations, by Target Population



Number of Individuals Reinstitutionalized = 322

SOURCE: KCMU survey of state MFP programs, July /August 2010.

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Figure 5

Key MFP Services and Costs

- Comprehensive set of services to facilitate transition and establish community placement
 - Transition services such as expanded case management, counseling, help with one-time housing expenses, and home modifications
 - Assistive technology and transportation
- Partnerships with key community stakeholders
 - Independent living centers, AAAs, state housing authorities
- MFP per capita costs lower than institutional costs and on par with other HCBS participants

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Figure 6

Challenges Facing MFP Programs

- Housing remains an obstacle to transition
 - 19 states have partnered with local public housing authorities to apply for vouchers
 - 6 states employ housing coordinators to assist with transitions and to secure housing
- Community workforce supply not meeting demands
 - Half the states reported an inadequate supply of direct service workers
 - Strategies to increase the supply include a direct care service registry website, the hiring of family caregivers, and online training programs
- States face challenging budget situations
 - Indirect impact of the economic downturn on MFP
 - Reductions in services and provider payment rates affect MFP

Figure 7

Ohio's MFP Demonstration: "HOME Choice"

- **Transition Progress**
 - Transitioned nearly 900 individuals back to the community and 600 transitions are in progress, as of January 2011
 - Most of those transitioned have been individuals with physical disabilities
 - Average transition takes 134 days; most individuals transition to an apartment
- **Benefits**
 - Participants receive services through Medicaid HCBS waivers with "wrap around" HOME Choice demonstration services for the first 365 days
 - Examples of services include: case management, independent living skills training, community support coaching, HOME Choice nursing services, counseling, emergency rental and utility assistance, community transportation services, etc.
 - Key partnerships with Public Housing Authority, Ohio Housing Finance Agency, Ohio Centers for Independent Living, Consumer Advisory Counsel
- **Costs**
 - Average monthly cost is \$6,778 per month when moving but varies by target population: DD (\$8,554), physical disabilities (\$4,519), and seniors (\$2,379)

Figure 8

Helping People Transition Home

Profile: Gail (78) lived in a nursing home for 3 years following a stroke.

Location: Living with ex-wife at home in Wauseon, Ohio

Health Needs: Requires help managing his diabetes and heart condition; takes 11 drugs daily



Medicaid Coverage: Qualified for Medicaid after going through his life savings in the nursing home.

MFP provides essential durable medical equipment to ease the transition home: Gail relies on an electric wheelchair, a hospital bed, ramps and a handicap accessible bathroom. He also receives 16 hours of personal care services each month and attends adult day care each day.

On Living At Home: The best part about living at home, Gail says, is his ability to travel. Gail enjoys taking family trips to local campgrounds during the summer. "I feel better each day that I am home."

Figure 9

Looking Ahead

- New 90-day residency requirement may increase MFP transitions
- Health reform opportunities to expand Medicaid home and community-based services could expand the number of transitions
- Lack of affordable, accessible housing will remain toughest challenge for states
- Demand for HCBS will remain high and states will be pressed to continue expanding access to Medicaid HCBS