

**Survey Questionnaire** 

**Medicaid Balancing Incentive Program State Survey** 

State Balancing Incentive Program Directors:

The Kaiser Family Foundation's Commission on Medicaid and the Uninsured (KCMU) is conducting the first survey of states approved to participate in the Balancing Incentive Program. In addition to collecting basic program information, we seek to highlight states' progress with implementing the structural requirements as well as the use of enhanced federal funds in support of other Medicaid long-term services and supports rebalancing efforts.

We would greatly appreciate your assistance with completing the survey. Should you have any questions, please contact: Molly O'Malley Watt, Consultant to KCMU at 703-371-8596 or Erica Reaves, Policy Analyst at 202-347-5270.

Please return completed surveys by Monday, June 30th to: <a href="mailto:EricaR@kff.org">EricaR@kff.org</a>

Thank you!

## **STATE CONTACT INFORMATION**

State:	
State Agency:	
Program Director:	
Email:	
Phone:	

## **BASIC PROGRAM INFORMATION**

1.	Date Balancing Incentive Program funding was first awarded (MM/DD/YYYY):  Total Balancing Incentive Program funding earned as of June 1, 2014: \$							
2.								
3.	Has you	ar state's final work plan been approved by CMS?	$\square$ Y	es 🗆	No			
4.	to Med Commu state's	Given the other new and expanded state options under the Affordable Care Act (ACA) to broaden access to Medicaid home and community-based services (HCBS) (e.g., Money Follows the Person, § 1915(k) Community First Choice state plan option, § 1915(i) HCBS state plan option), please describe your state's motivation(s) for pursuing the Balancing Incentive Program (e.g., ability to stack enhanced FMAPs from other ACA Long-Term Services and Supports (LTSS) options, etc).						
5.		s the Balancing Incentive Program helped your state create ne cing reforms?	w or buil	d on existi	ng LTSS			
Coo	RDINA	TION OF BIP WITH OTHER MEDICAID HCBS PRO	OGRAM	S AND A	ACTIVITIES			
	т.		. 11 .	1 (1) .				
6.		state using or did your state use any existing infrastructure cre ns to help with implementation of the Balancing Incentive Pro		he followin	ig grant			
	a.	Money Follows the Person Grant		🗆 Yes	$\square$ No			
	b.	Comments: Federal Aging & Disability Resource Center (ADRC) Grant		🗆 Yes	$\square$ No			
		Comments:						
	c.	Center for Medicare and Medicaid Innovation Grant	• • • • • • • • • • • • • • • • • • • •	$\square$ Yes	$\square$ No			
	a	Comments: Financial Alignment Demonstrations for Dual Eligible Benef	Ficionica	□ Vog	$\Box$ No			
	d.	Comments:	ilciaries	🗆 1es	$\square$ No			
	e.	Demonstration Grant for Testing Experience and Functional	Tools					
		(TEFT) in Community-Based LTSS		🗆 Yes	$\square$ No			
		Comments:						
	f.	Other funding sources, please list:						
7•		state using or did your state directly use Balancing Incentive P any of the following?			mplement or			
		a. Health Homes State Plan Option		No No				
		b. § 1915(i) HCBS State Plan Option		No No				
		c. § 1915(k) Community First Choice		No No				
		d. § 1915(c) Waiver Programs	res $\square$	No				
		If Yes, i. Added Services□	Vec 🗆	No				
		Please list services:	165 🗆	INO				
		:: In annual the Number of Missings Clats	Vac 🗆	No				
		ii. Increased the Number of Waiver Slots $\Box$	ies $\square$	No				

8.	Is your state spending or does your state plan to spend the Balancing Incentive Program enhanced FMAP to implement or expand any of the following?					
	a.	Streamlining or Automating of Beneficiary Screenings and/or Assessments    Yes   No				
	h	Developing a Resource Allocation Strategy				
	υ.	Based on Assessment Findings				
	0	Expanding the ADRC Network/Capacity Yes No				
	c. d.					
	u.	Modifications				
	e.	Improving Access to Substance Abuse				
		Rehabilitation Services				
	f.	Increasing Provider Payment Rates $\square$ Yes $\square$ No				
	g.	Training Initiatives for Beneficiaries, Providers,				
	<u> </u>	and/or Plans □ Yes □ No				
	h.	Funding Stakeholder and Provider Proposals $\square$ Yes $\square$ No				
	i.	Developing IT and Related Systems Infrastructure				
		(e.g., coordinating with health insurance exchanges) $\square$ Yes $\square$ No				
	j.	Other, please list/describe:				
9.	Are Balancing groups?	Incentive Program funds being used in your state to target specific Medicaid beneficiary				
		Elderly/Aged □ Yes □ No				
	b.					
	c.	Individuals with Intellectual/Developmental				
	-	Disabilities				
	d.	- 11.11 1 11.11 1.11				
	e.	Individuals Residing in Institutions Who Are Transitioning				
	<b>.</b>	to the Community				
		Other, please list:				
10		ancing Incentive Program, has your state partnered with any of the following state and/or				
	local stakeholo	· -				
		Other State Agencies				
	D.	Community Behavioral/Mental Health Provider(s)				
		or Association(s)				
	с.	Community Intellectual/Developmental				
	a.	Disabilities Services Provider(s) or Association(s)   Yes  No				
	a.	Community Brain Injury or Spinal Injury				
		Providers(s) or Association(s)				
	e.					
	f.	Area Agencies on Aging □ Yes □ No				
	g.	Centers for Independent Living/Independent				
	_	Living Advocacy Group(s)				
	h.	Personal Care Provider(s) or Association(s)				
	i.	Long-Term Care Ombudsman Program $\square$ Yes $\square$ No				
	j.	Policy or Research Organizations $\square$ Yes $\square$ No				

Question #10, continued

k.	Information & Referral Provider(s) or Resource Network Members □ Yes □ No		
l.	Network Members ☐ Yes ☐ No State Protection and Advocacy Agency ☐ Yes ☐ No		
	. Legal Aid/Legal Services Provider(s)		
	IT and/or Technical Assistance Provider(s)	J	
111.	(i.e., not Mission Analytics Group)	2	
0	Direct Care Workforce Education/Training	J	
0.	Provider(s)	2	
n	Community-Based Housing Developers	J	
р.	and/or Advocate(s)	2	
a	Other, please list:	J	
ч.	Other, pieuse tist.		
Progress in Mi	EETING THE BIP STRUCTURAL REQUIREMENTS		
prior to imple changed or is	<b>Poor (NWD)/Single Entry Point (SEP):</b> Did your state have a Menting the Balancing Incentive Program? If so, what were the key it expected to change as a result of participation in the Balancing Inmost significant challenges or issues related to implementing a NW	features centive	? How has it Program?
implementing or is it expecte	<b>te Case Management (CFCM):</b> Did your state have a CFCM system that Balancing Incentive Program? If so, what were the key features and to change as a result of participation in the Balancing Incentive First challenges or issues related to implementing CFCM in your state	s? How h Program?	as it changed
a. Prio	ardized Assessment (CSA) Instrument: r to implementing the Balancing Incentive Program, was your state g multiple assessment instruments?	□ Yes	□ No
	If No, please describe the single instrument that was being used and how this tool was selected:		
	If Yes, were the instruments beneficiary population-specific?	□ Yes	□ No
	If Yes, please provide additional information:		
	i. Elderly/Aged	$\square$ Yes	$\square$ No
	Instrument:		
	ii. Individuals with Physical Disabilities	☐ Yes	$\square$ No

	iii. Individuals with Intellectual/Developmental Disabilities □ Yes	$\square$ No
	Instrument: iv. Individuals with Mental Illness	□ No
b.	What is your state moving toward/changing, if anything, as a result of participat Balancing Incentive Program (e.g., developing a CSA instrument, amending exis meet the program's core data set requirements)? How have the Balancing Incent CSA components helped your state be inclusive of all community-based LTSS po What challenges have you experienced in developing an instrument that incorpo data set for all populations?	ting tools to ive Program's pulations?
c.	When a beneficiary's assessment data need to be shared among various state and	l/or local
u.	agencies and providers, please describe how these data are accessed. Who is respensiving the protection of beneficiaries' protected health information?	
QUALITY AN	ND EVALUATION	
used to	describe current quality and/or evaluation processes in place (new or long-standing track progress under the Balancing Incentive Program (e.g., beneficiary and caregetion surveys, quality and outcome measures):	
MPLEMENT	ING BIP IN A MANAGED CARE ENVIRONMENT (AS APPLICABLE)	
collabor Balancii	state is operating capitated Medicaid managed LTSS systems, please describe how rates with managed care organizations to implement the structural requirements ung Incentive Program? If your state is using a managed fee-for-service arrangement how such a model has affected implementation efforts.	nder the
LESSONS LE	EARNED AND TRACKING PROGRESS THROUGH FY 2015	
<b>16.</b> Please li	ist the following with the most recent data available.	

Total Medicaid LTSS Spending: \$\_\_\_\_\_ as of date (MM/DD/YYYY): \_\_\_\_\_

Share of Total Spent on HCBS: \_\_\_\_\_%

17.		v has the shar Balancing Inc			ollars o	devoted to HCI	BS chan	ged in your state	e since implementin
		Increased		Decreased		No Change		Do Not Know	
18.	(i.e.,		of tota	al Medicaid LT				your Medicaid nticipate will be	HCBS spending goa
19.	Wha	at impact will	the st	ructural change	e requi	rements have	on bene	ficiary access to	Medicaid HCBS?
		Increased		Decreased		No Change			
	Ple	ase describe:							
20	. Is y	our state on	pace to	meet the stru	ctural	requirements b	y Septe	mber 30, 2015?	
		Yes □ No							
				rategies have l ease describe d				ng your state m experiencing.	eet the
									<del>-</del>
21.				ed a sustainabil ling expires in			the stru	ctural changes v	when the Balancing
	$\square$ Y	es □ No							
	If Ye	es, please des	cribe:						
									_ _
									_

THANK YOU FOR YOUR PARTICIPATION IN THIS SURVEY!



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