Medicaid Long Term Services & Supports Rebalancing Updates

Department of Social Services (DSS)

Community Options

December 2024

Presenters

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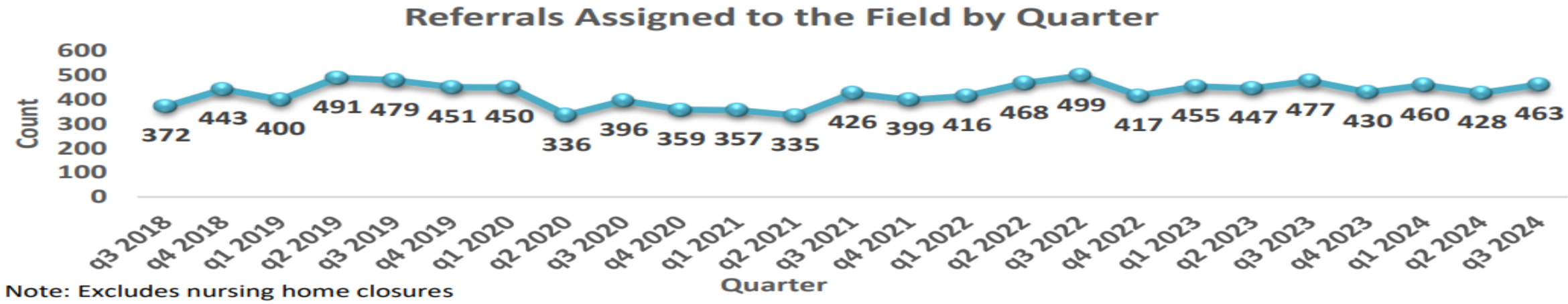
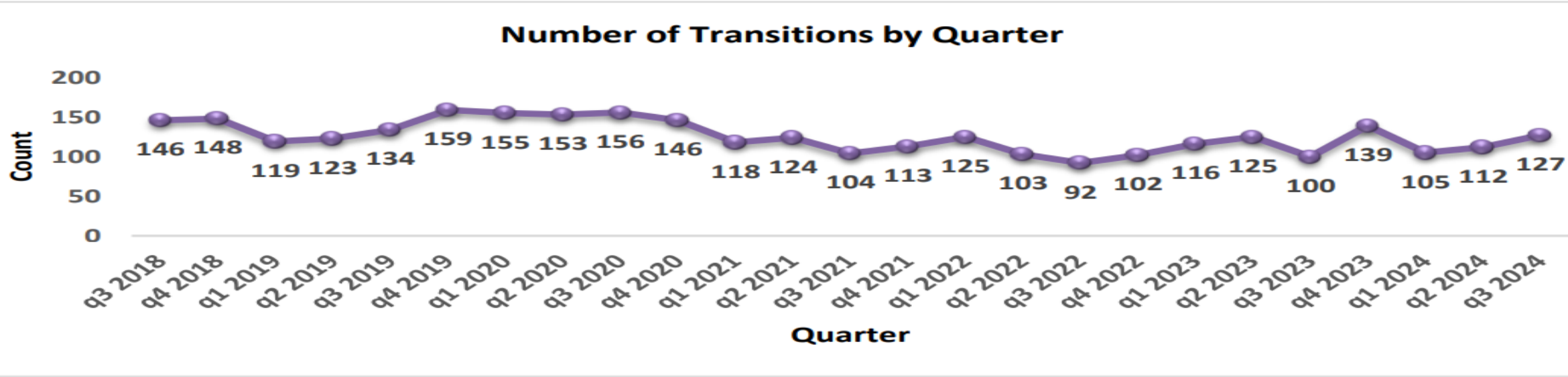
- Money Follows the Person (MFP)
- Community First Choice (CFC)
- American Rescue Plan Act (ARP 9817)

Money Follows the Person (MFP)

Money Follows the Person Stats



Note: Excludes nursing home closures

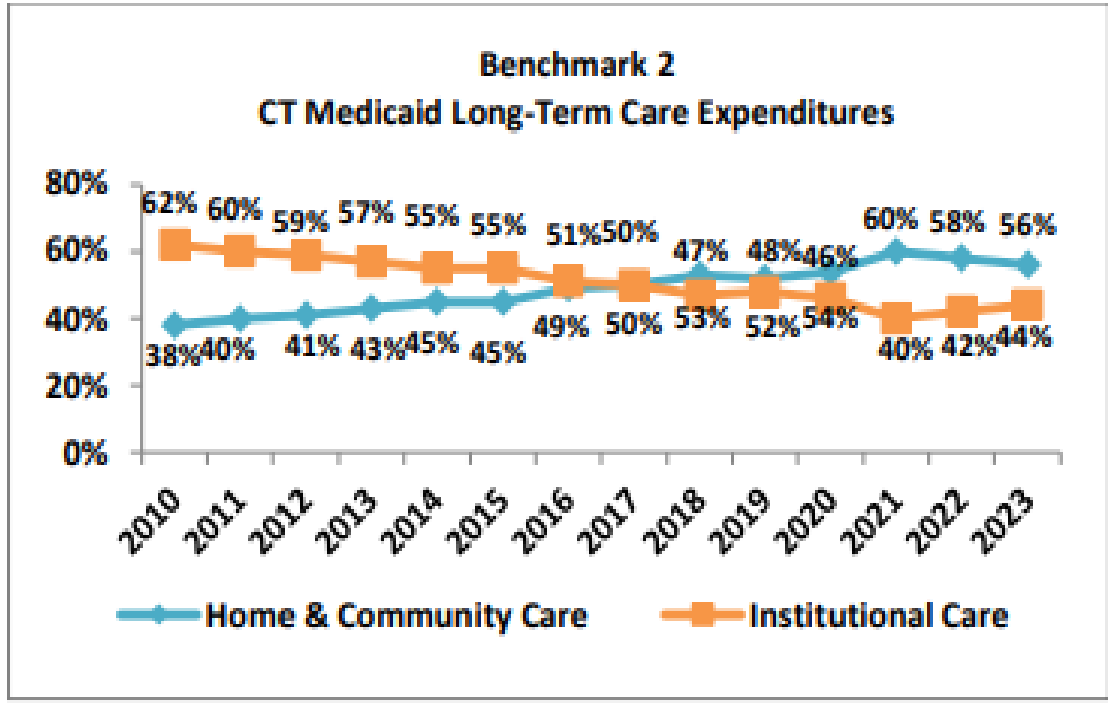


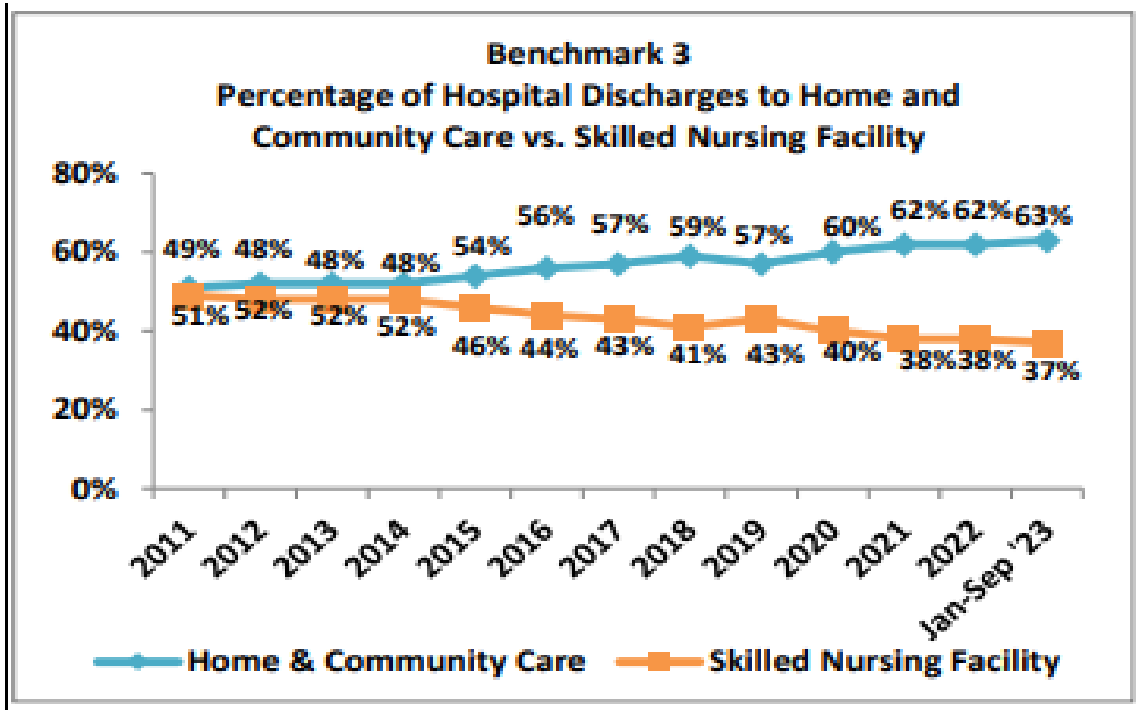
Money Follows the Person Benchmarks

Benchmark 1: Total Transitions = 8,275

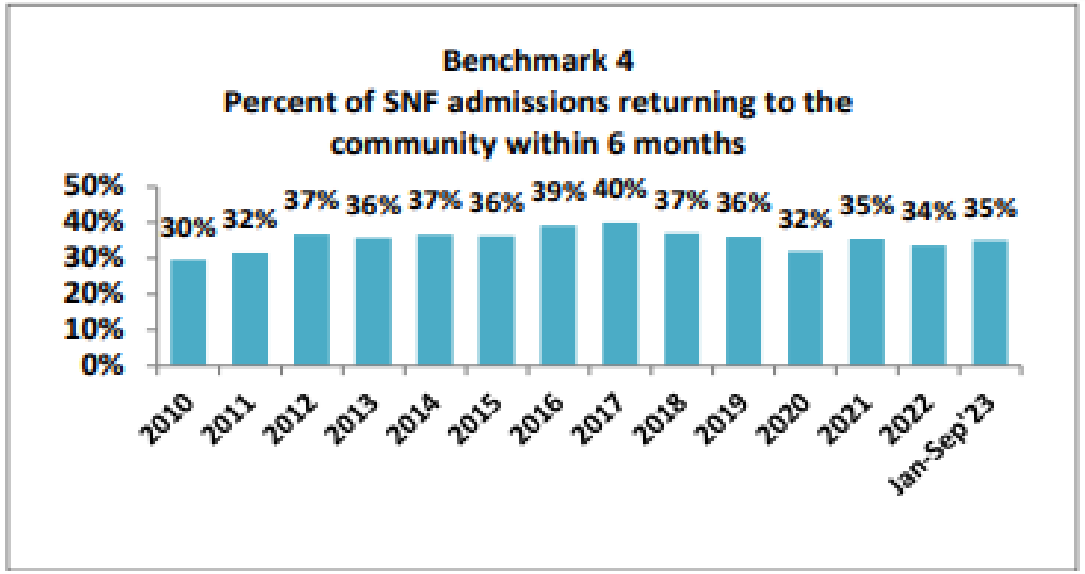
Demonstration = 7,744 (94%)

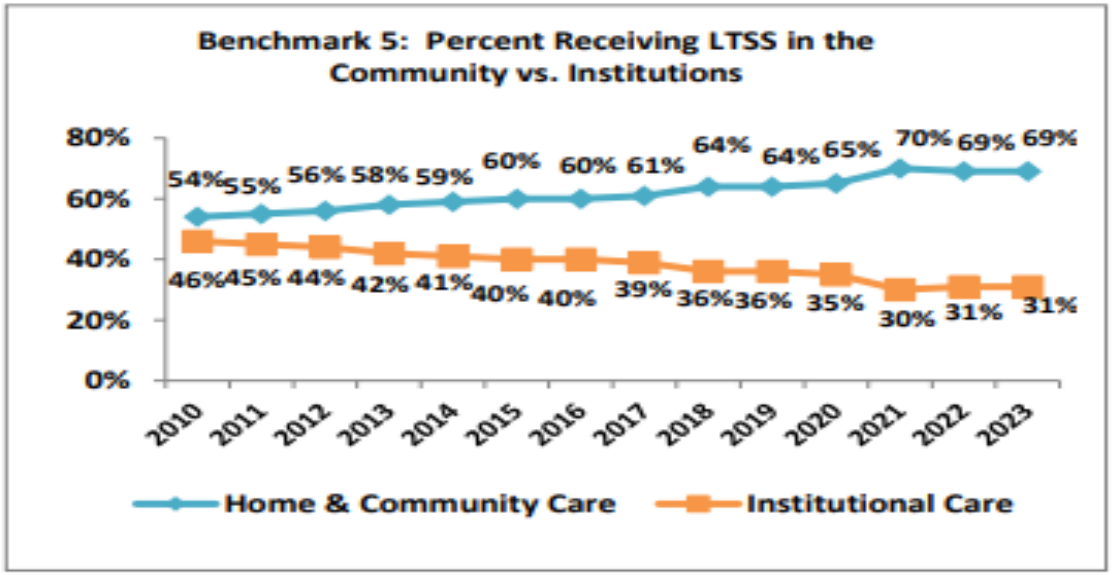
Non-demonstration = 531 (6%)

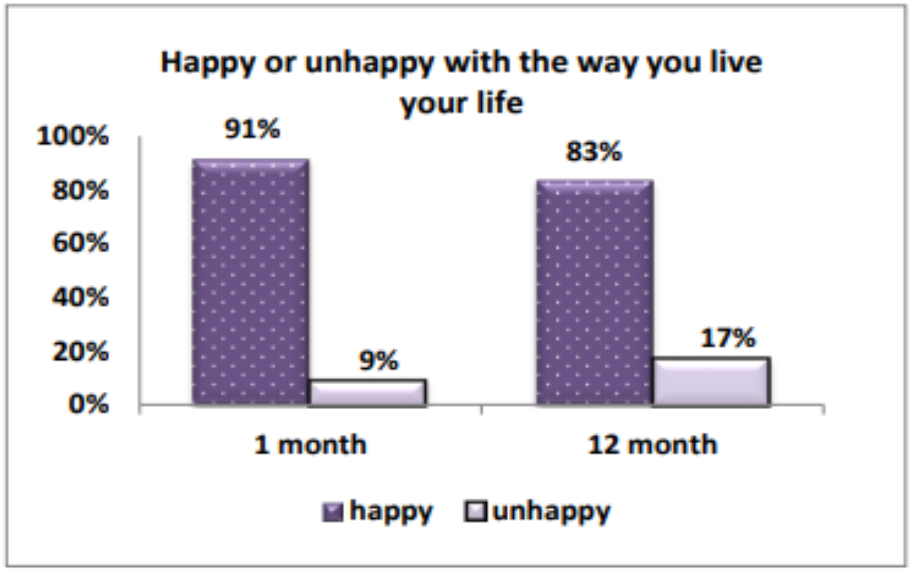




Money Follows the Person Benchmarks







UConn Health, Center on Aging Operating Agency: *CT Department of Social Services* **Funder:** *Centers for Medicare and Medicaid Services*

CT Money Follows the Person Report Quarter 3: July 1-September 30, 2024 (Based on latest data available at the end of the quarter)

Look ahead at CMS changes and short-term goals

CMS has asked states to define short term 12-month goals for the next year

CT will focus on the following initiatives:

1. Providing informed choice by targeting MFP information sessions in skilled nursing facilities. Similar to the closure process
2. Researching the feasibility of building a housing plan for enhanced MFP funding that covers up to 6 months of rent to accelerate transitions
3. Workforce development through building out the career pathways for Personal Care Assistants and other in-home supports

Community First Choice (CFC)

Community First Choice (CFC)

- CFC Active Enrollment

Number of People Active on CFC	
Program	**Number**
CFC (no waiver)	4062
CFC (w/waiver)	2971
TOTAL	**7033**

Number of CFC People Active by Waiver Type	
Waiver Type	**Number**
ABI 1	53
ABI 2	53
Autism	16
CHCPE	1285
KB	76
PCA	769
DDS	701
DMHAS MHW	18

ABI: Acquired Brain Injury PCA: Personal Care Assistant CHCPE: CT Home Care Program for Elders DDS: Department of Developmental Services

Community First Choice

Fiscal Intermediary (FI) Services

- GT Independence assumed all payroll and non-payroll activities from Allied Community Resources on March 24, 2024 after a six month ramp-up period
- The transition of FIs has highlighted some administrative and programmatic issues that are in active mitigation
- There was an increase in grievances from the PCA union and complaints from members during the initial six months. DSS, DDS and GTI have worked together to resolve issues

Collective Bargaining Agreement

- Two wage increases occurred in 2024 with another increase slated for Jan 2025.
- PTO implementation; accrual rate and carry over increase
- Addition of Holidays; Juneteenth and Labor Day
- Premium Assistance payment change from semi–annual to annual
- Held a work group meeting on Qualifying Life Event Side letter

American Rescue Plan (ARP) 9817

Home and Community Based Services (ct.gov)

The Department has worked on several ARP 9817 initiatives since being awarded the funds in 2022.

Project Highlights include:

- Health Information Exchange and Value Based Payments
- Universal Assessment
- In-Home Safety Enhancements
- Evidence Based Models: COPE and CAPABLE
  - Care of Persons with Dementia in their Environment (COPE)
  - Community Aging in Place-Advancing Better Living for Elders (CAPABLE)
- PACE Feasibility Study

Home and Community Based Services (ct.gov)

ARPA Description and Next Steps

ARPA Initiative Area	Description	Next Steps
HIE & VBP (including Racial Health Equity)	• Aims to improve Medicaid member health outcomes and provide whole-person care. • Value Based Incentive Payments to HCBS providers who meet clearly defined outcome measures.	• Continue to partner with National Committee for Quality Assurance (NCQA) to develop person-centered goals • Continue to partner with Yale Center for Outcomes Research &Evaluation (CORE) to develop measures to decrease health disparities • Benchmarks, learning collaboratives for Racial Health Equity and Person-Centered Principles were completed in November 2024. • CY 2025, DSS will move to VBP based on member outcomes.
In-Home Safety Grants	• Response to Public Act No. 24-19 • One- time funding • Enhance the safety of critical workforce essential to providing HCBS to Connecticut Medicaid members • Provides HHA and AA with funding for interventions to improve workforce safety	• Round 1 and 2 completed. • Distribute reamainder of funds.
Universal Assessment	• Decrease disparity in budget allocation by member need • Decrease redundancies • Streamline assessments • Enhance overall use for end users and members	• APD approved by CMS • Vendor selected • Waiting for CMS approval on the SOW (Statement of Work) • Work on implementation timeline with Vendor

ARPA Description and Next Steps

ARPA Initiative Area	Description	Next Steps
COPE /Confident Caregiver	Supports informal caregivers and members	• Start provider training and enrollment
CAPABLE	Highly individualized, person-centered services that use the strengths of members to improve his/her safety and independence.	• Start provider training and enrollment
PACE Feasibility Study	The Program for All-Inclusive Care for the Elderly (PACE) is a Medicaid state plan optional service that offers whole-person care to individuals age 55 and over who need nursing-facility level of care but are able to live in their community with proper supports.	• To start key work that DSS and Myers and Stauffer expect to perform which includes: • Creating a market inventory by estimating the number of PACE-eligible participants in Connecticut; • Convening, focus groups to gain input from stakeholders; • Identifying areas of the state that appear to be viable PACE markets based on estimated eligibles; • Identifying potentially underserved areas and health shortage areas; • Evaluating interest from potential providers for adopting PACE services; and • Finalizing and reporting findings and recommendations.

Health Information Exchange and Value Based Payments

Connie is a state designated health information exchange (HIE). It is an independent, non- profit healthcare technology company that collects, integrates, optimizes and securely shares health data to enable more patient-centric care and support public and population heath initiatives to help build a healthier Connecticut. Connie enhances healthcare by facilitating seamless interoperability among healthcare organizations.

Providers will be expected to reach certain benchmarks that include two primary components: entering into data sharing agreement with the Health Information Exchange (CONNIE) and participating in DSS provided learning Collaboratives, including Racial Equity trainings.

Value Based Payment will be based on member health outcomes

- Decreasing avoidable hospitalizations
- Increasing hospital discharges to home and community- based services vs. Institutional settings
- Meeting personal goals

On target for a March 2025 go-live with the patient panels for providers

CT is one of the first states to connect HCBS providers with the state's HIE

Universal Assessment (UA)

Universal Assessment (UA)

Improve and Expand the Universal Assessment

Key Approvals Achieved:

- **Advanced Planning Document (APD):**
  - Approved by CMS, securing federal funding and resources for the Universal Assessment development.
- **Request for Quote (RFQ):**
  - Approved to initiate the procurement process and select a qualified vendor for system updates.
- ⑩ **Vendor Selected:**
  - A vendor has been selected to complete the necessary work to enhance the Universal Assessment.
- **Statement of Work (SOW):**
  - Reviewed and signed by legal, outlining deliverables, timelines, and responsibilities for the project.

Collaborations:

- **Partnerships:**
  - Collaborating with the University of Connecticut (UConn) and Access Agencies to ensure expert input and alignment with service delivery goals.
- **Review and Refinement:**
  - Conducted an extensive review of proposed updates to ensure efficiency, accuracy, and effectiveness of the tool.

Universal Assessment Tool Highlights:

- **Streamlined Design:**
  - Simplified layout and process to improve usability for assessors and reduce complexity.
- **Time Efficiency:**
  - Significantly reduces the time to complete assessments, benefiting both members and assessors.
- **Improved Accuracy:**
  - Enhanced capabilities to deliver more precise and reliable evaluations while covering all essential information.

Focus on Person-Centered Care:

- **Enhanced Personalization:**
  - Designed to better tailor assessments and services to meet the unique needs of individuals in HCBS programs.
- **Commitment to Empowerment:**
  - Aligns with DSS's mission to provide comprehensive, person-centered support to empower individuals

Next Steps:

- **CMS Review and Approval:**
  - The Statement of Work (SOW) will be submitted to CMS for final approval to proceed.
- **Implementation Timeline:**
  - Work with the selected vendor is anticipated to begin in early 2025

In-Home Safety Enhancements

In-Home Safety Overview

Response to Public Act No. 24-19

$6 M available in limited availability, one-time ARPA 9817 funding

- Eligible providers: Home Health Agencies (HHA) & Access Agencies (AA)
- Funding must enhance the safety of critical workforce essential to providing Home and Community Based Services to Connecticut Medicaid members.

Funding Requests must align with targeted interventions to support in-home staff

- Training; Emergency Response Buttons/Devices; Non-Medicaid funded "buddy" or "escort"; GPS devices/tracking devices; including home-base tracking system; Electronic Health Record Risk Factor/Risk Score; Hiring of a Safety Consultant; Dedicated Phone Line for staff "in-the-field"

Current status:

Since November 1, 2024, $4,072,066.02 has been distributed to Home Health Agencies (HHA) and Access Agencies (AA).

Evidence Based Models (COPE & CAPABLE)

Implement Evidence Based Models

Care of Persons with Dementia in their Environment (COPE)

- Evidence-based program designed to enhance the well-being and quality of life of both the member living with dementia and their caregiver
- Expected Outcomes
  - Functional independence
  - Activity engagement
  - Quality of life
  - Prevention or alleviation of neuropsychiatric symptoms
- Caregiver Outcomes
  - Perceived well-being
  - Confidence in using activities to manage dementia symptoms

Confident Caregiver

- Based on COPE principles providing guidance to informal caregivers who are providing care to others without cognitive impairment

- Care of Older Persons in their Environment (COPE) | College of Nursing and Health Professions | Drexel University

Community Aging in Place, Advancing Better Living in Elders (CAPABLE)

Person-centered approach that uses a team model consisting of a nurse, an occupational therapist, and a handy worker to address the home environment and uses the strengths of the older adults themselves to improve safety and independence.

- Projected Outcomes:
  - Improves independence, safety, health
  - Lowers healthcare costs
    - reduces hospitalizations or delays (prevents) nursing home admission
  - Enhances motivation and self-efficacy
  - Reduces health disparities
  - Reduces symptoms of depression
- Community Aging in Place—Advancing Better Living for Elders (CAPABLE) - Johns Hopkins School of Nursing (jhu.edu)

Update

- Services implementation to the waiver programs (ABI I, II, PCA, CHCPE, Autism waiver)
- Rate increased
- Two HHAs started the provider enrollment and trainings for COPE/Confident Caregiver and CAPABLE.
- AA Trainings for services implementation

Next Step

- Expect to have the first care plan in Jan 2025
- Continue Provider Recruitment
- Looking into modifying regulations that hindering provider registration
- Ongoing Trainings

PACE - The Program for All-Inclusive Care for the Elderly (PACE)

The Program for All-Inclusive Care for the Elderly (PACE) is a Medicaid state plan optional service that offers whole-person care to individuals age 55 and over who need nursing-facility level of care but are able to live in their community with proper supports. It provides coordinated health care services by contracting with fully at-risk PACE organizations that receive a capitated payment for each enrolled participant.

The feasibility study consists of two primary components:

1. a market analysis and a readiness assessment. Phase one of the report has been completed. This includes an overview of PACE, eligibility, PACE objective, the PACE landscape, The impacts of PACE, challenges of enrollment, participant barriers and costs and structural overview of Connecticut long-term care and waiver landscape. The first phase is completed, and the report is available.

1. The second phase will include a broad scope assessment to include stake holder engagement (internal and external), perform limited scope assessment f existing eligibility determination process, level of care determination process, capitation screens, encounter process, policies and procedures to determine readiness and feasibility to implement PACE. Myers will develop a final report based on findings.

DSS has contracted with Myers and Staufers for this work

Questions?