



The Hilltop Institute

analysis to advance the health of vulnerable populations

Medicaid Long-Term Services and Supports in Maryland: Money Follows the Person Metrics

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*Presented to
the Maryland Department of Health and Mental Hygiene
by Ian Stockwell*



UMBC
AN HONORS UNIVERSITY IN MARYLAND

Introduction

From the Maryland MFP Operational Protocol ...

“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.”

Introduction (continued)

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 will focus on the first set of those metrics:

- How have rates of institutionalization changed over time?
- How many individuals on the waiver registries are using institutional services?
- How many of the institutional transitions were designated MFP participants versus non-MFP participants?
- What Medicaid programs do transitioning individuals participate in?
- What can be learned from the MFP tracking system regarding housing arrangements, peer outreach/support contacts, and application assistance?

Data Sources

Medicaid Management Information System (MMIS2)

This system contains person-level data for all individuals eligible for Medicaid services in Maryland during the relevant fiscal year, including Medicaid eligibility category and fee-for-service claims. Claims and eligibility files for fiscal years 2008 through 2012 were used for this analysis.

Waiver Registry

Also known as the “interest list,” the registry maintains a log of individuals who have expressed an interest in participating in one of Maryland’s home- and community-based waiver programs.

MFP Tracking System

The original tracking system, which operated until January 28, 2013, contains information on the timing and frequency of MFP program activities, such as peer outreach/support and application assistance.

HCBS Transition Criteria

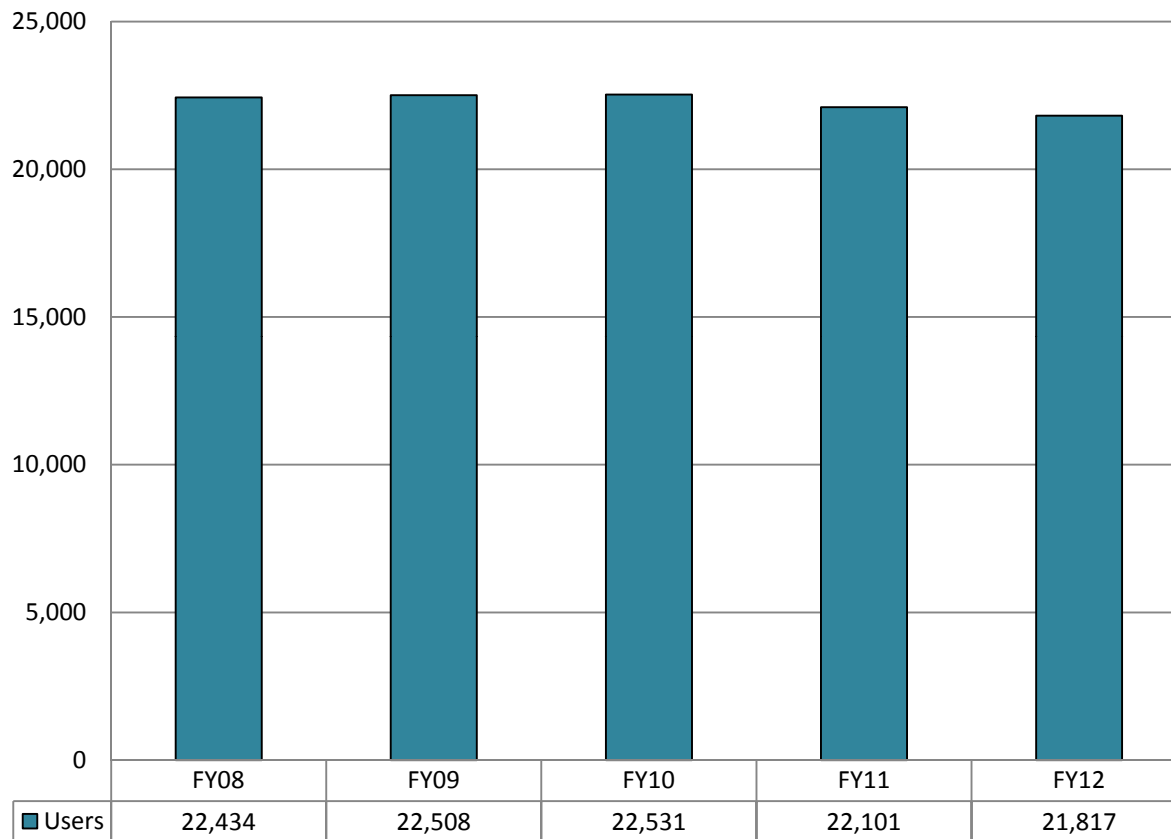
Defining an HCBS Transition

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 LTC institutional stay within 30 days
- Followed by either enrollment into an HCBS waiver program or use of non-waiver home health services

**Use of
Medicaid Institutional Services
in Maryland
FY 2008 – FY 2012**

Number of Users of Medicaid Institutional Services: Nursing Facility

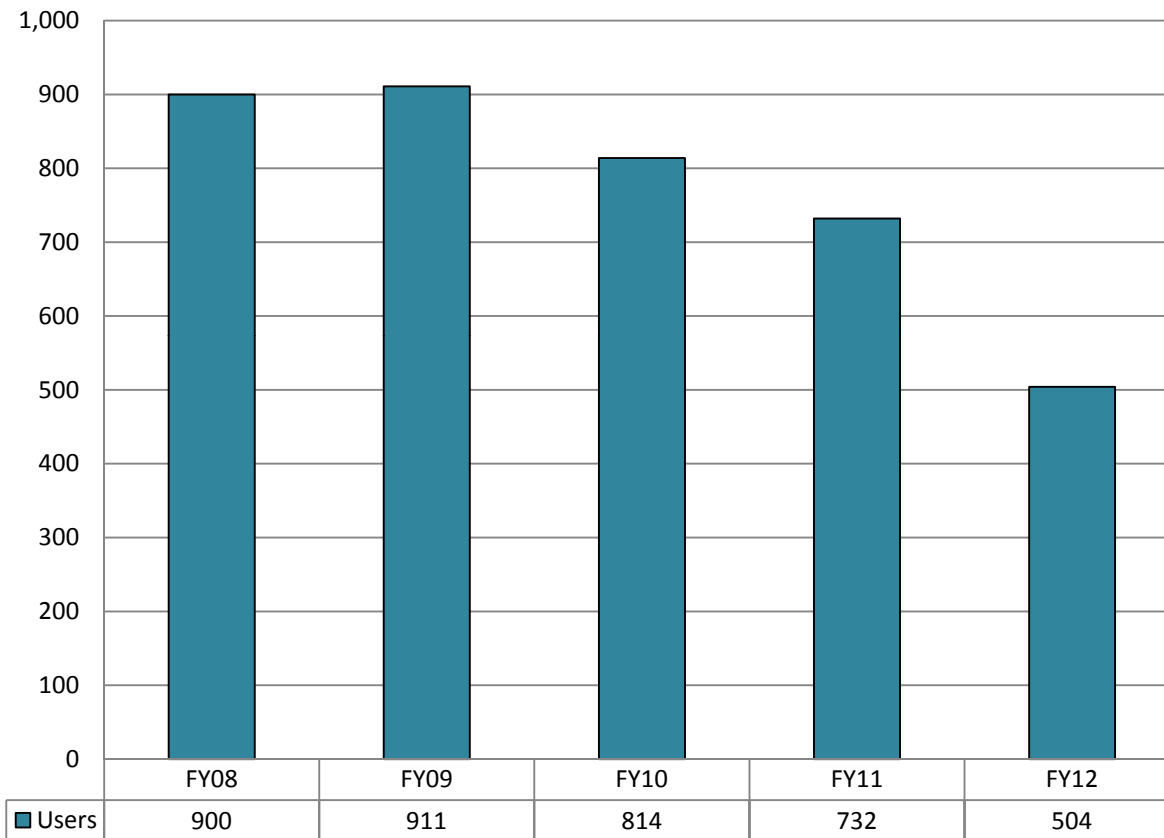


From FY 2008 to FY 2012, the number of individuals using Medicaid nursing facility services decreased 3 percent, while the total Medicaid population aged 65 or older increased almost 14 percent. The largest yearly decline occurred in FY11, where 430 fewer individuals used nursing facility services than in the preceding year.

Note: This chart illustrates the number of individuals who had at least one Medicaid paid day in a Nursing Facility. Nursing Facility users must have also had a valid Medicaid level of care designation.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY2008 – FY2012

Number of Users of Medicaid Institutional Services: Chronic Hospital

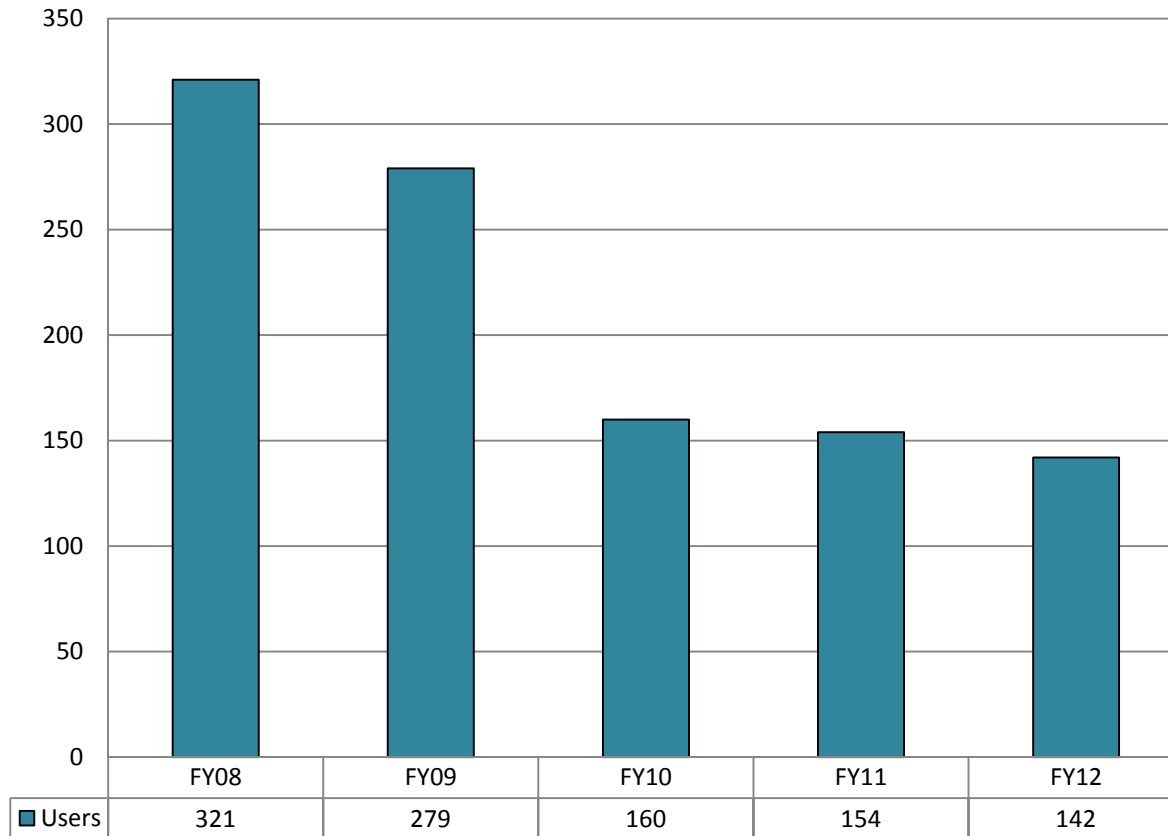


From FY 2008 to FY 2012, the number of individuals using Medicaid chronic hospital services decreased 44 percent. The largest yearly decline occurred in FY12, where 228 fewer individuals used chronic hospital services than in the preceding year.

Note: This chart illustrates the number of individuals who had at least one Medicaid paid day in a Chronic Hospital.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY2008 – FY2012

Number of Users of Medicaid Institutional Services: State Residential Centers

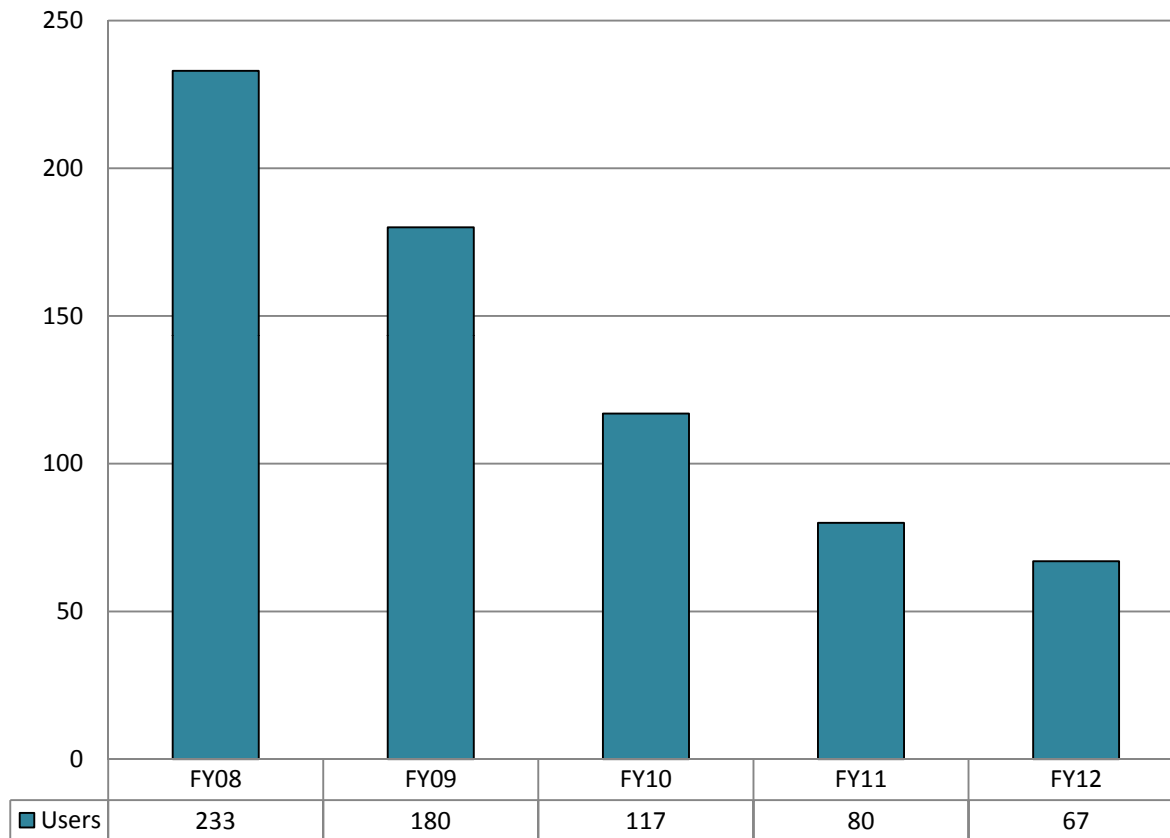


From FY 2008 to FY 2012, the number of individuals using Medicaid state residential centers (SRC) decreased 56 percent. The largest yearly decline occurred in FY10, where 119 fewer individuals used SRCs than in the preceding year.

Note: This chart illustrates the number of individuals who had at least one Medicaid paid day in a State Residential Center.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY2008 – FY2012

Number of Users of Medicaid Institutional Services: Institutes for Mental Disease

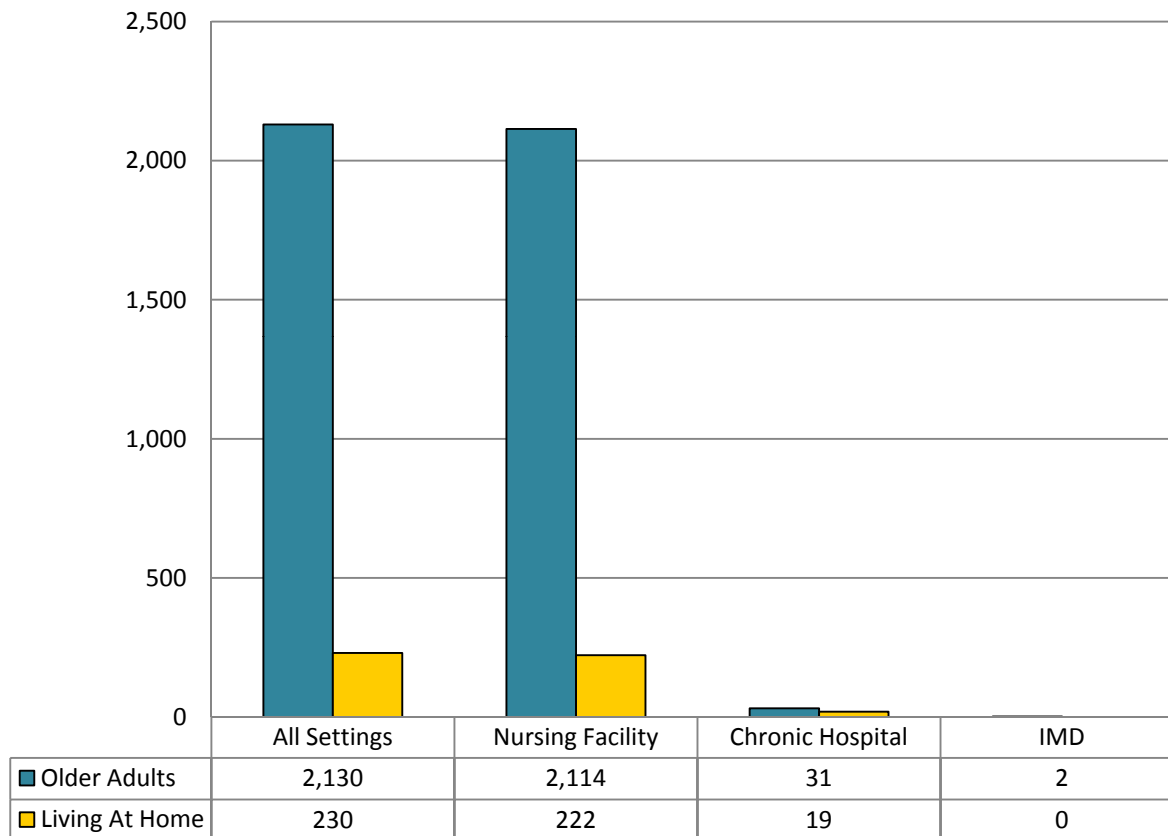


From FY 2008 to FY 2012, the number of individuals using Medicaid institutes for mental disease (IMD) decreased 71 percent. The largest yearly decline occurred in FY10, where 63 fewer individuals used IMDs than in the preceding year. Note that states are prohibited by federal Medicaid rules from paying for IMDs for individuals between the ages of 22 and 64.

Note: This chart illustrates the number of individuals who had at least one Medicaid paid day in an Institute for Mental Disease.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY2008 – FY2012

Number of Individuals on the Waiver Registry who used Medicaid Institutional Services during FY12



During FY 2012, 2,360 individuals on either the Older Adults Waiver (OAW) or Living at Home Waiver (LAH) registries used Medicaid institutional services. These individuals accounted for 9.5 percent of the OAW registry, and 7 percent of the LAH registry.

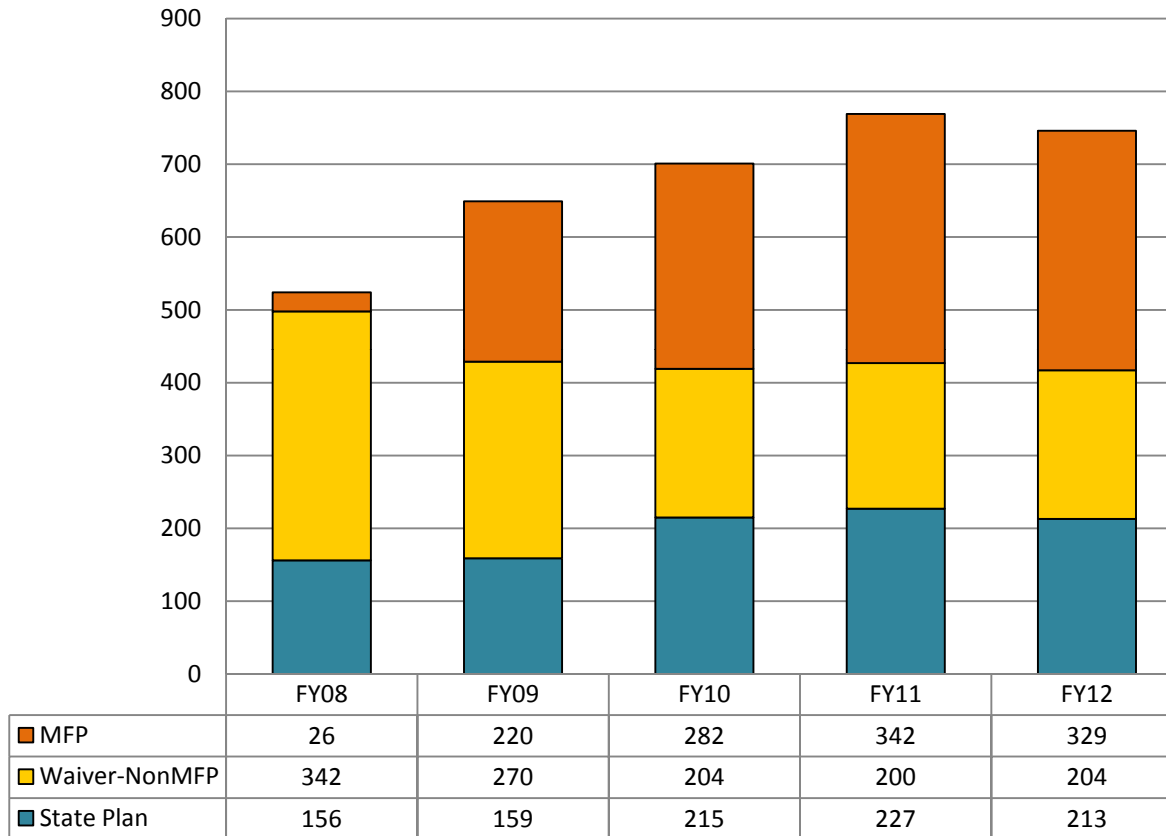
Note: This chart illustrates the number of individuals on either the OAW or LAH waiver registry who also had at least one Medicaid paid day in a long-term care institution.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY2012

Transitions to the Community

FY 2008 – FY 2012

Number of Transitions to the Community: Nursing Facility

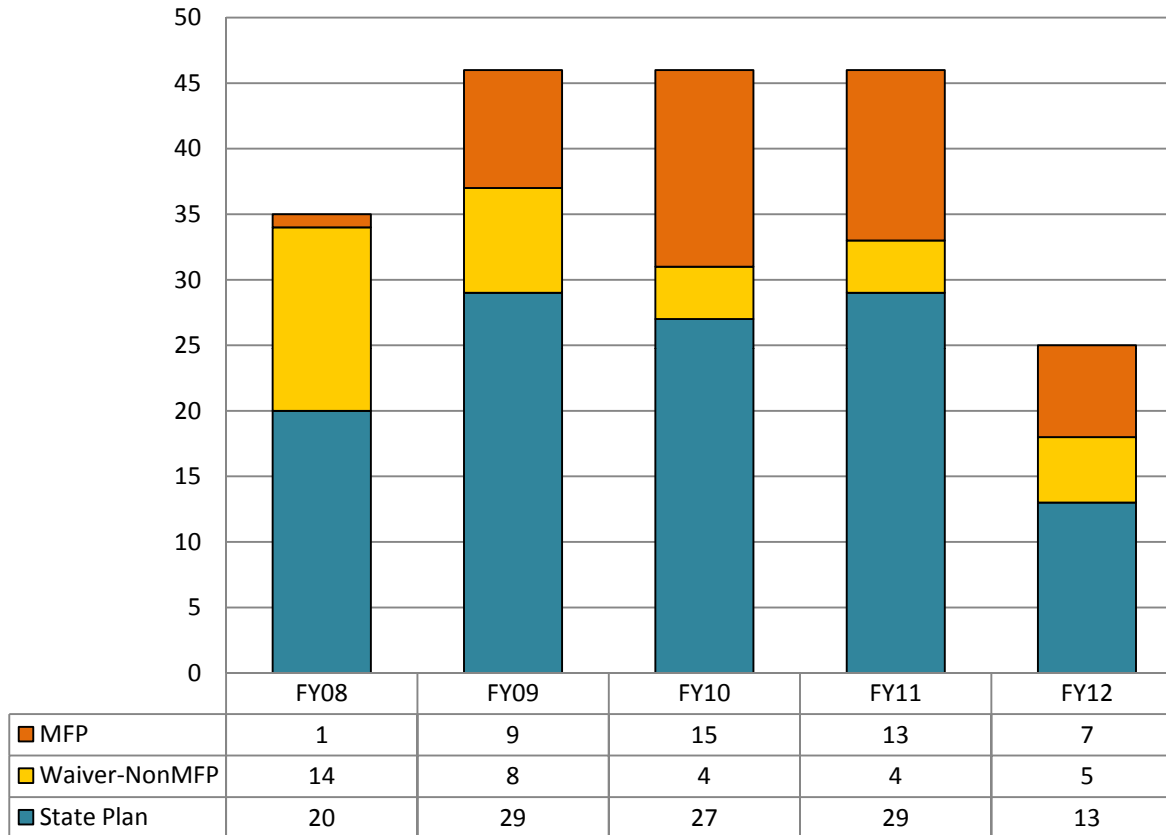


The number of individuals transitioning from nursing facilities to the community has increased 42 percent from FY 2008. The rise in MFP participation is highly correlated with the corresponding decrease in non-MFP waiver enrollment for transitioned individuals.

Note: This chart illustrates the number of individuals who had at least 30 continuous Medicaid paid days in a Nursing Facility. The institutional span must have been followed by at least 30 days of MA eligibility and either waiver enrollment or home health use, not immediately followed by an inpatient stay of more than 3 days, and not followed by another LTC institutional stay within 30 days. Nursing Facility users must have also had a valid Medicaid level of care designation.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY2008 – FY2012

Number of Transitions to the Community: Chronic Hospital

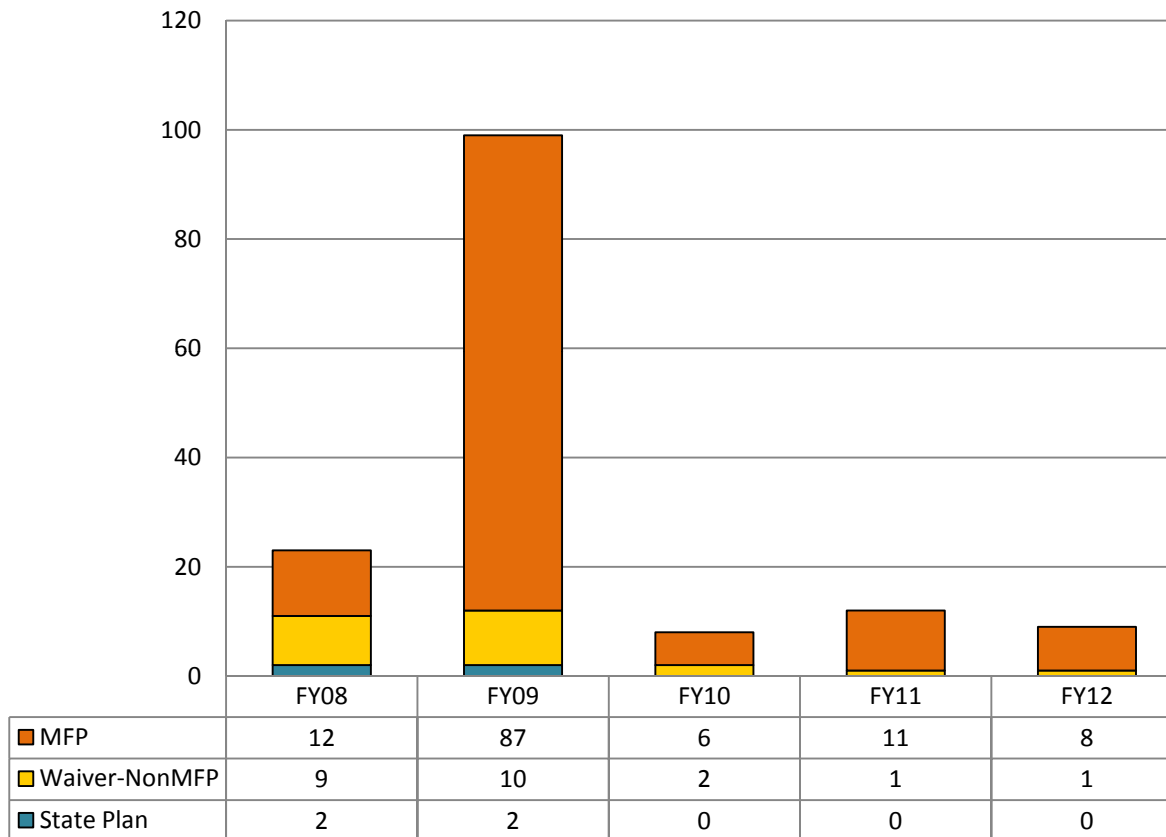


The number of individuals transitioning from chronic hospitals to the community rose in FY09, then fell by almost half in FY12. However, since there was a decrease in chronic hospital users during this time period, a larger *percentage* (from 3 percent to 5 percent) of individuals were transitioned in FY12 than in FY08.

Note: This chart illustrates the number of individuals who had at least 30 continuous Medicaid paid days in a Chronic Hospital. The institutional span must have been followed by at least 30 days of MA eligibility and either waiver enrollment or home health use, not immediately followed by an inpatient stay of more than 3 days, and not followed by another LTC institutional stay within 30 days.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY2008 – FY2012

Number of Transitions to the Community: State Residential Centers (SRC)

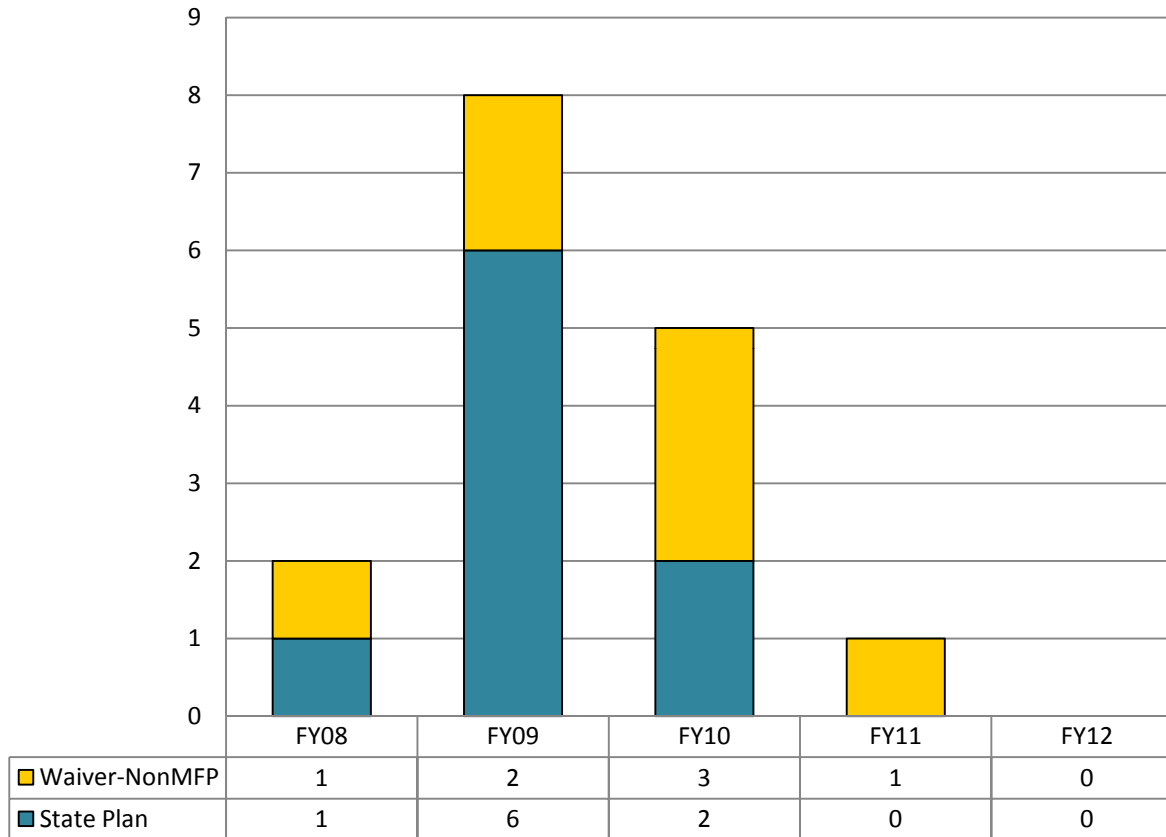


The number of individuals transitioning from state residential centers peaked in FY09 with the closure of Rosewood, then fell in the following years. From FY10 to FY12, transitions averaged approximately 6 percent of total SRC users.

Note: This chart illustrates the number of individuals who had at least 30 continuous Medicaid paid days in a State Residential Center. The institutional span must have been followed by at least 30 days of MA eligibility and either waiver enrollment or home health use, not immediately followed by an inpatient stay of more than 3 days, and not followed by another LTC institutional stay within 30 days.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY2008 – FY2012

Number of Transitions to the Community: Institutes for Mental Disease



Only a small number of individuals have transitioned from an institute for mental disease (IMD) since FY09, and none of them have participated in MFP.

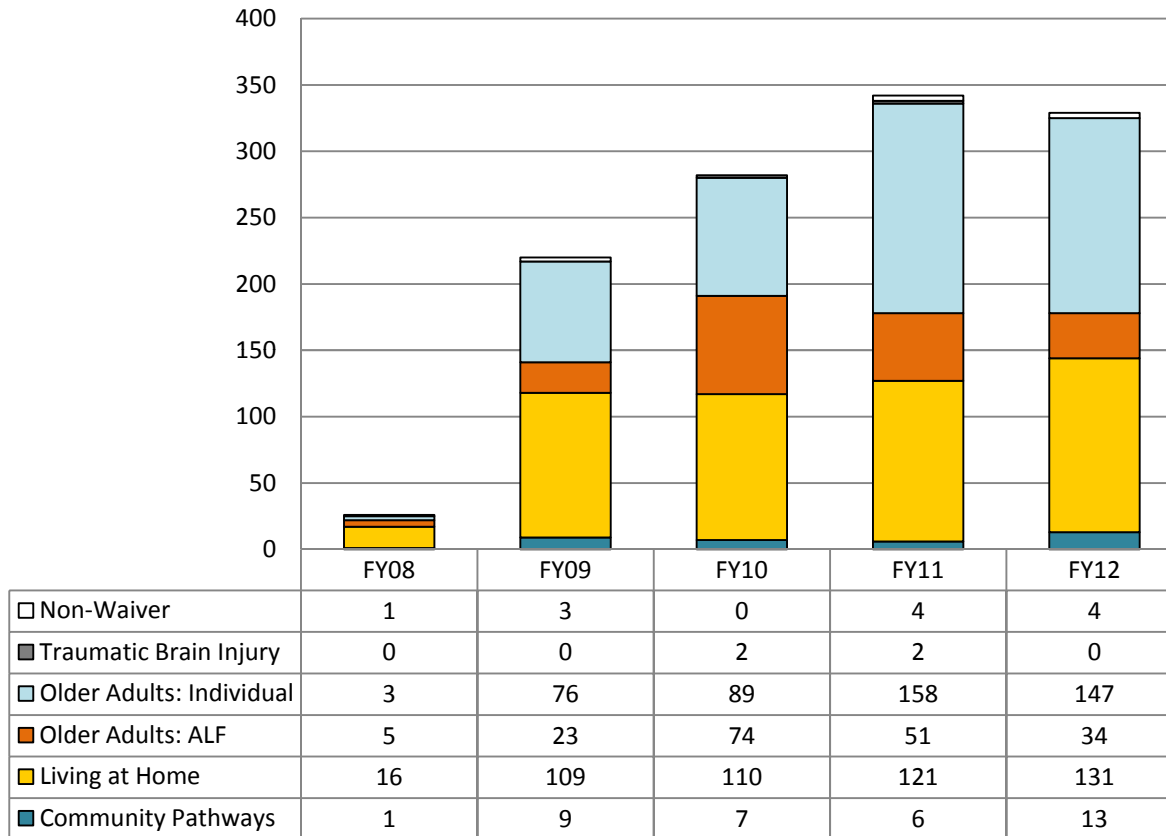
Note: This chart illustrates the number of individuals who had at least 30 continuous Medicaid paid days in an Institute for Mental Disease. The institutional span must have been followed by at least 30 days of MA eligibility and either waiver enrollment or home health use, not immediately followed by an inpatient stay of more than 3 days, and not followed by another LTC institutional stay within 30 days.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY2008 – FY2012

MFP Transitions by Waiver

FY 2008 – FY 2012

MFP Transitions by Waiver: Nursing Facility



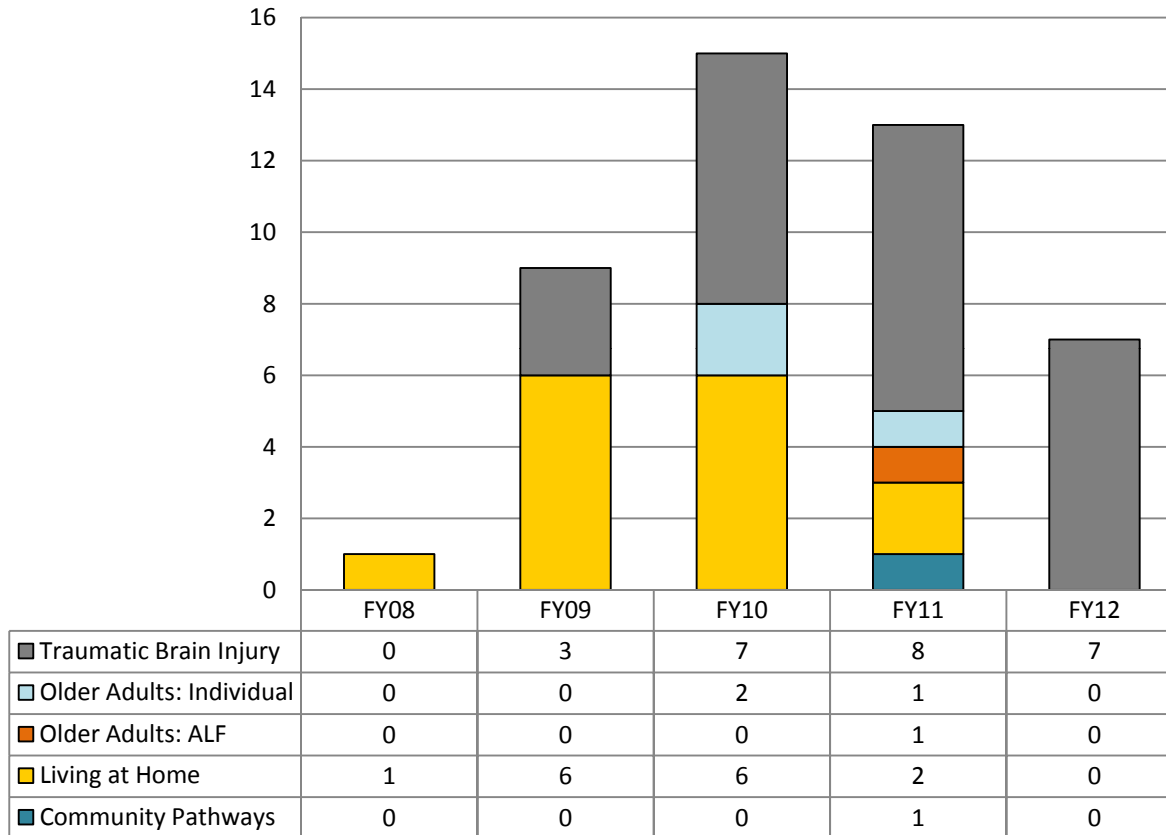
Note: This chart illustrates the number of individuals who had at least 30 continuous Medicaid paid days in a Nursing Facility. The institutional span must have been followed by at least 30 days of MA eligibility and either waiver enrollment or home health use, not immediately followed by an inpatient stay of more than 3 days, and not followed by another LTC institutional stay within 30 days. Nursing Facility users must have also had a valid Medicaid level of care designation.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY2008 – FY2012

Since FY10, most individuals who leave a nursing home through MFP participate in the Older Adults Waiver. Of these individuals, the proportion moving to an assisted living facility (ALF) has decreased over time.

Note: included in these data are 33 individuals mistakenly coded as OAW: ALF; the status of these individuals has been changed in MMIS but their new records were not available in time for this analysis.

MFP Transitions by Waiver: Chronic Hospitals

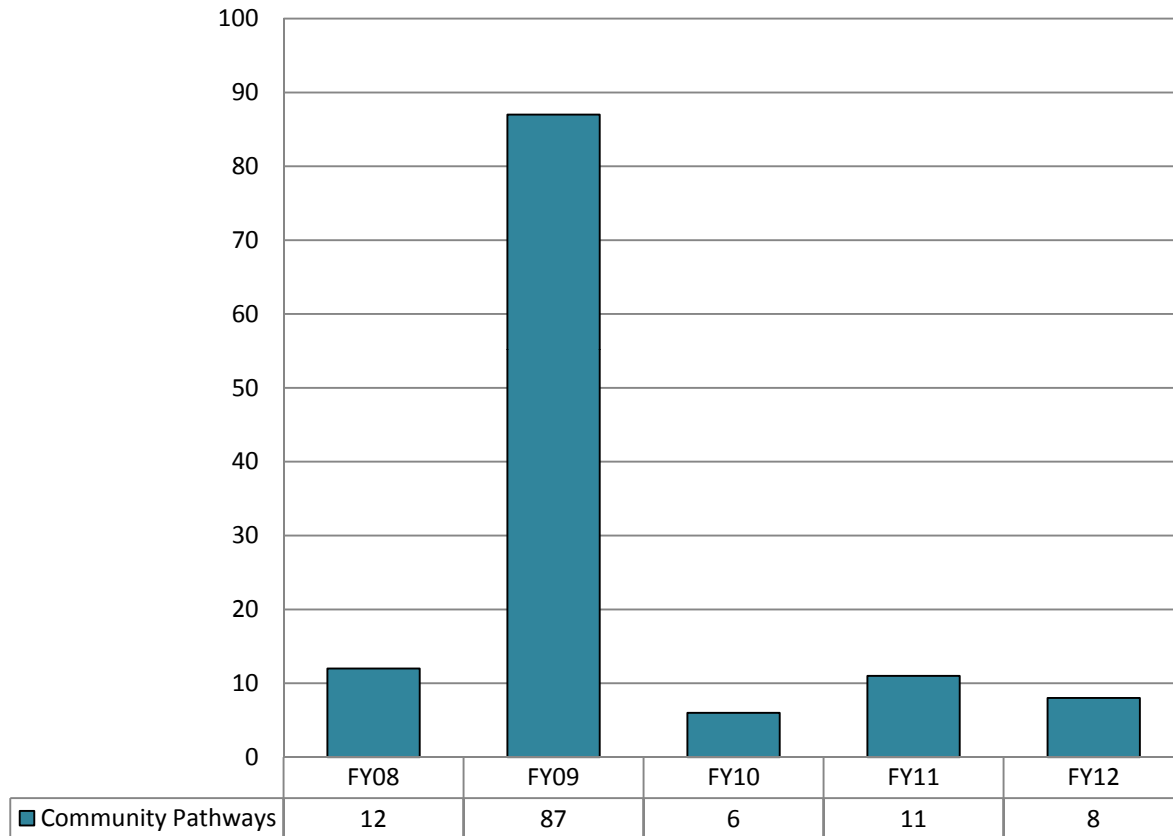


The mix of transitions from chronic hospitals through MFP has varied over the years, with most individuals participating in the Traumatic Brain Injury (TBI) waiver.

Note: This chart illustrates the number of individuals who had at least 30 continuous Medicaid paid days in a Chronic Hospital. The institutional span must have been followed by at least 30 days of MA eligibility and either waiver enrollment or home health use, not immediately followed by an inpatient stay of more than 3 days, and not followed by another LTC institutional stay within 30 days.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY2008 – FY2012

MFP Transitions by Waiver: State Residential Centers



To date, all individuals who transitioned from a SRC through MFP participated in the Community Pathways waiver. As before, the large spike in FY09 corresponds with the closing of Rosewood.

Note: This chart illustrates the number of individuals who had at least 30 continuous Medicaid paid days in a State Residential Center. The institutional span must have been followed by at least 30 days of MA eligibility and either waiver enrollment or home health use, not immediately followed by an inpatient stay of more than 3 days, and not followed by another LTC institutional stay within 30 days.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY2008 – FY2012

MFP Program Activities From the MFP Tracking System

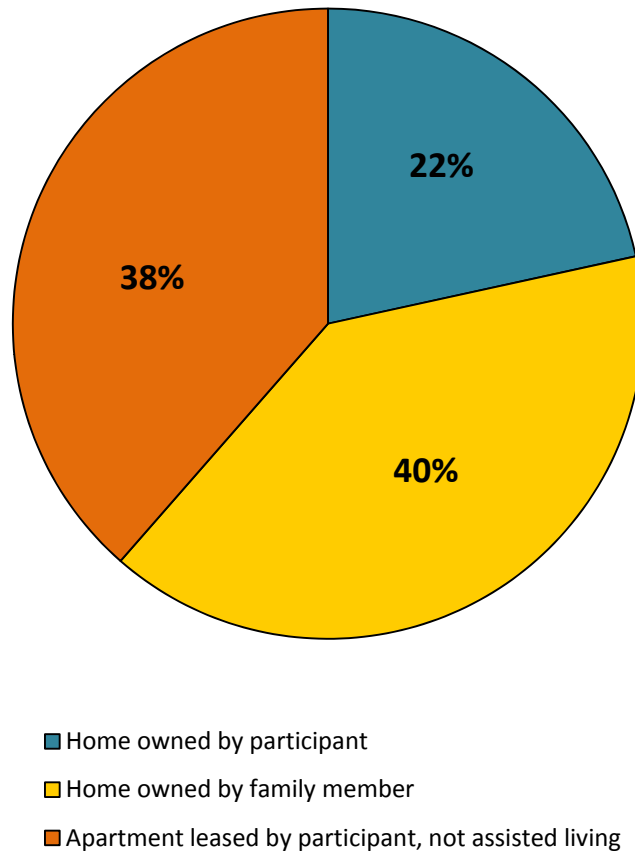
A New Data Source

The addition of MFP tracking system data has allowed us to add multiple important dates to our longitudinal analysis. The following were used as “contact dates” for this analysis:

- Peer Outreach
- Program Education
- Options Counseling
- Other Billable Activities (Plan of Care Development, Housing Assessment, etc.)
- Resident Contact Sheets
- Application Assistance

These were compared to the date and individuals’ record was added to tracking system as well as the date an individual enrolled in MFP according to MMIS.

Housing Type for Non-ALF Older Adults Waiver Participants

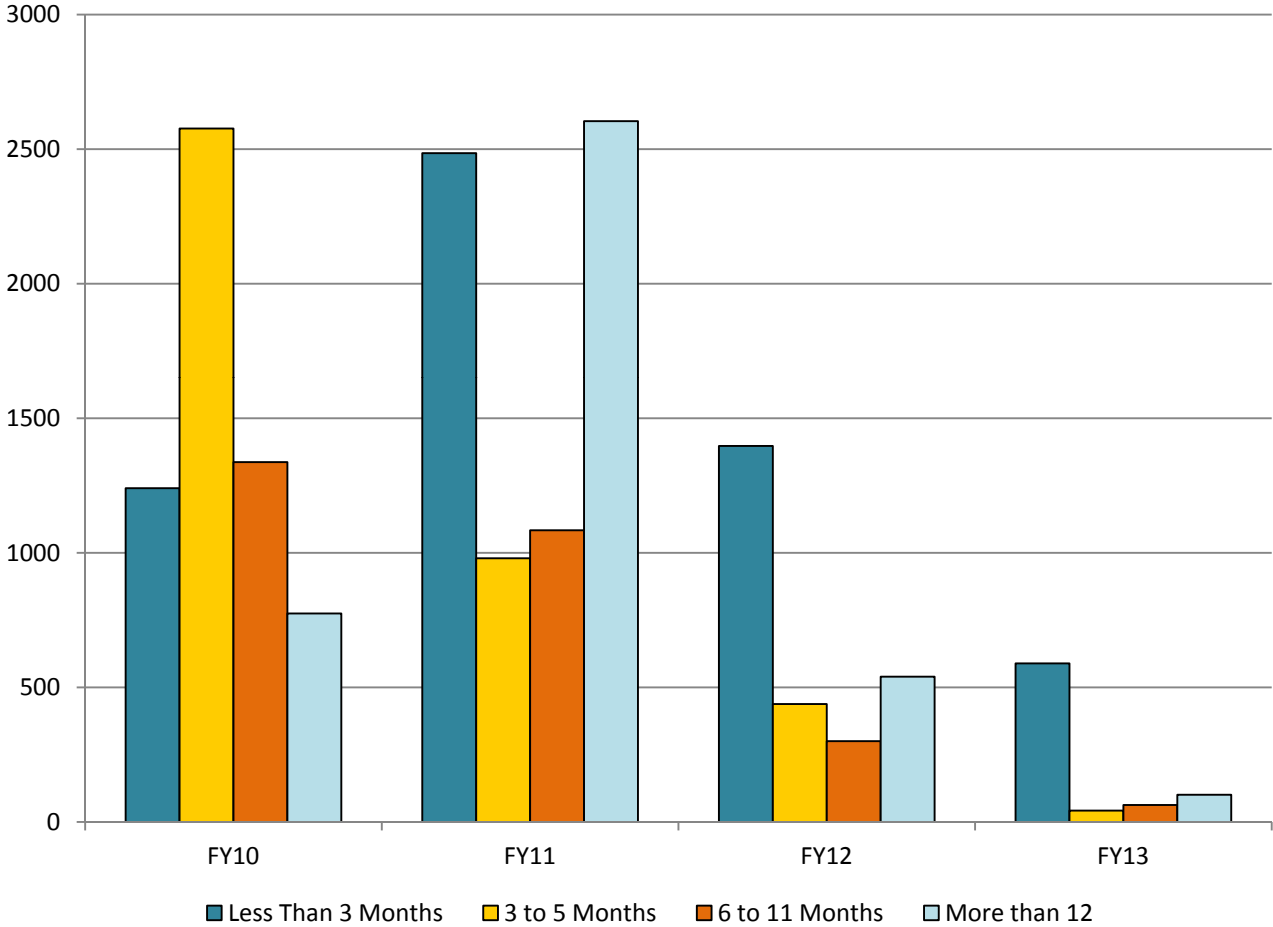


There were 306 individuals who transitioned into OAW, but not into an assisted living facility (ALF), who had a valid housing type noted in the tracking system. Of these, the majority moved to a home already owned by themselves or a family member.

Note: This chart illustrates the percentage of individuals who had a valid residence type in the MFP Tracking System and also participated in OAH or OHM.

Source: Maryland MFP Tracking System data as analyzed by The Hilltop Institute

Time to First Contact, Non-MFP Participants

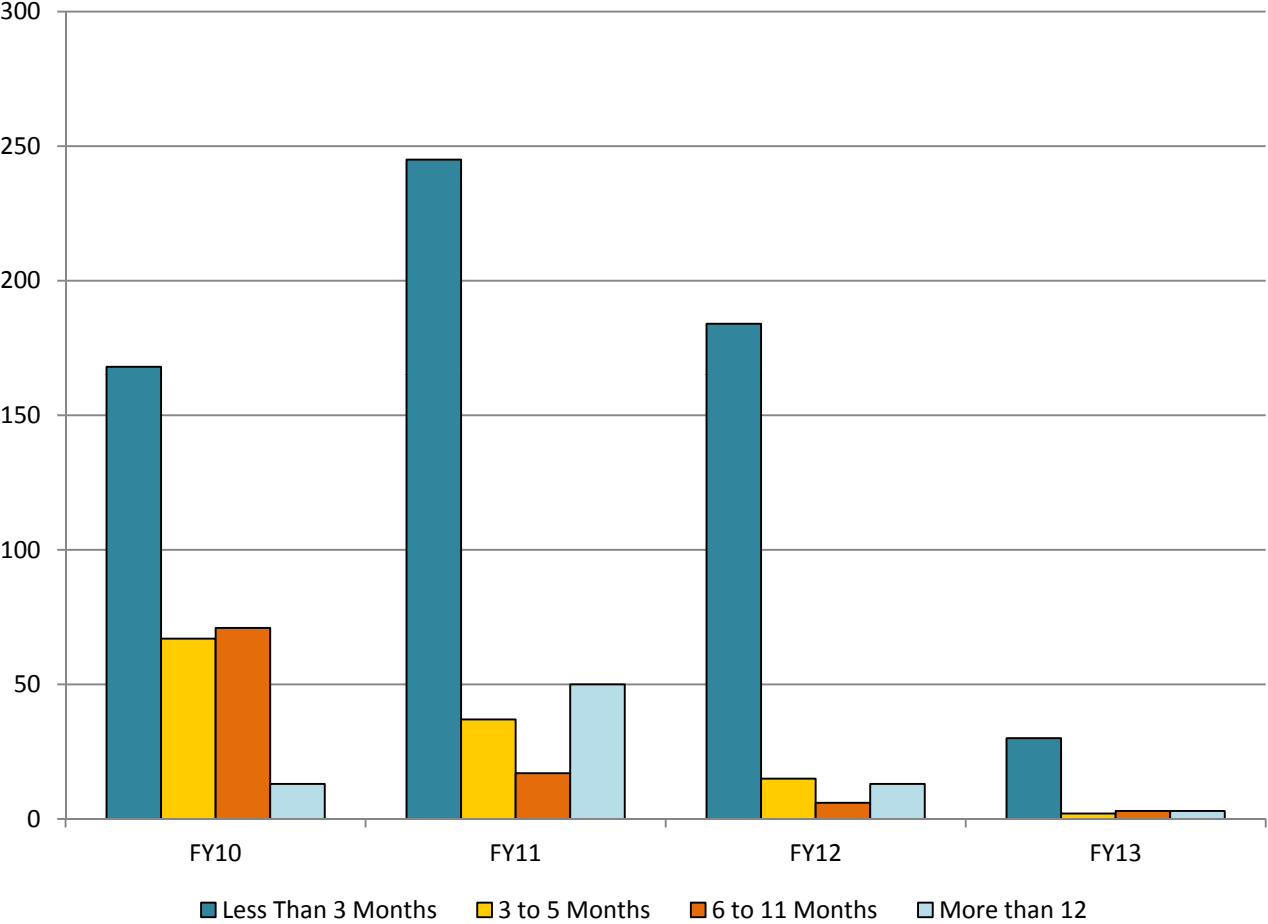


The median amount of time elapsed until the first client contact for non-MFP participants was 4 months in FY10. After that it decreased over time, from 6 months in FY11 to less than a month in FY13.

Note: This chart illustrates the number of individuals who had a valid contact type in the MFP Tracking System but were not found in MMIS, grouped by the fiscal year in which the first contact occurred.

Source: Maryland MFP Tracking System data as analyzed by The Hilltop Institute

Time to First Contact, MFP Participants

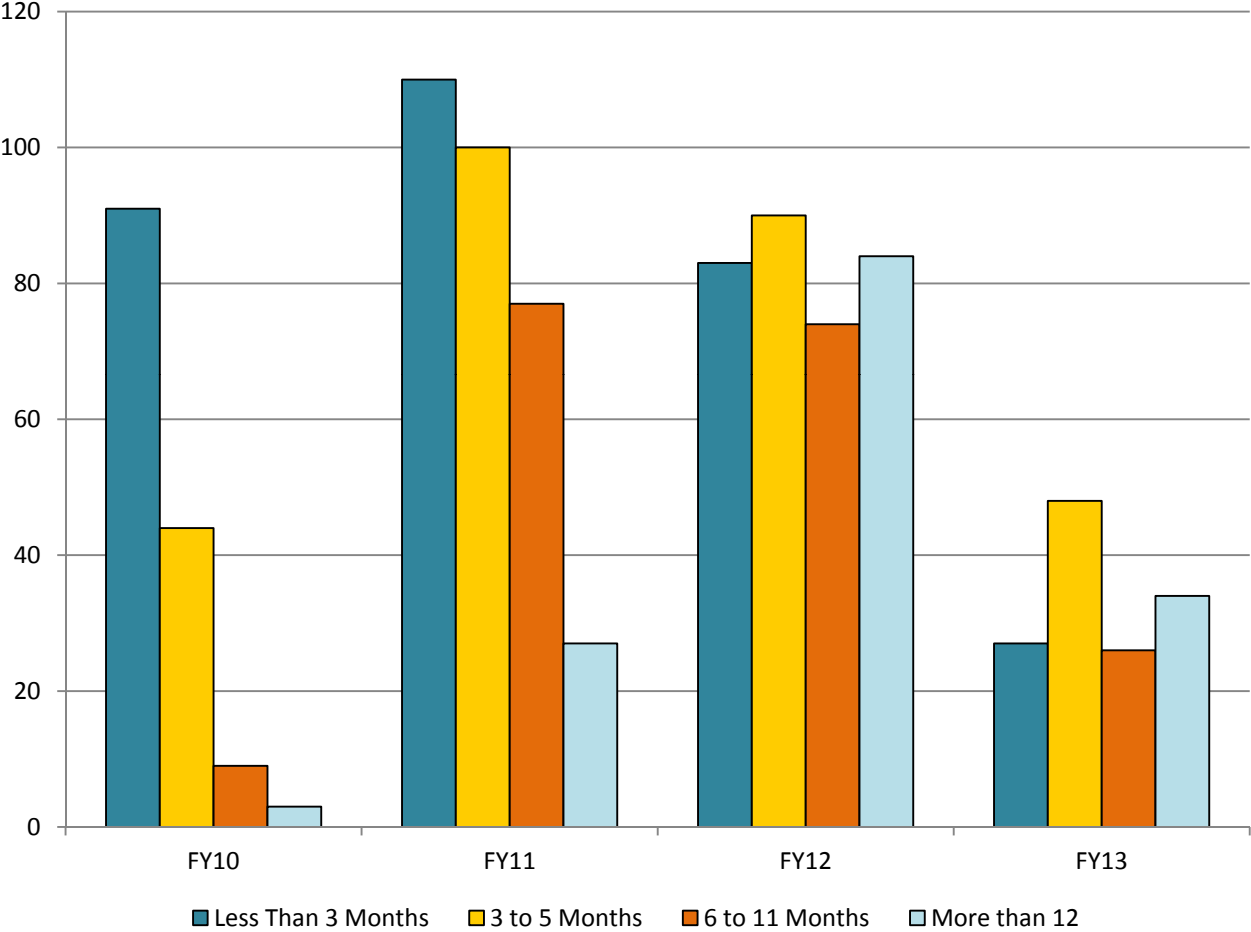


The median amount of time elapsed until the first client contact for MFP participants was 2 months in FY10, and less than a month in the subsequent years.

Note: This chart illustrates the number of individuals who had a valid contact type in the MFP Tracking System and had an MFP span in MMIS, grouped by the fiscal year in which the first contact occurred.

Source: Maryland MFP Tracking System data as analyzed by The Hilltop Institute

Time From First Contact to MFP Enrollment

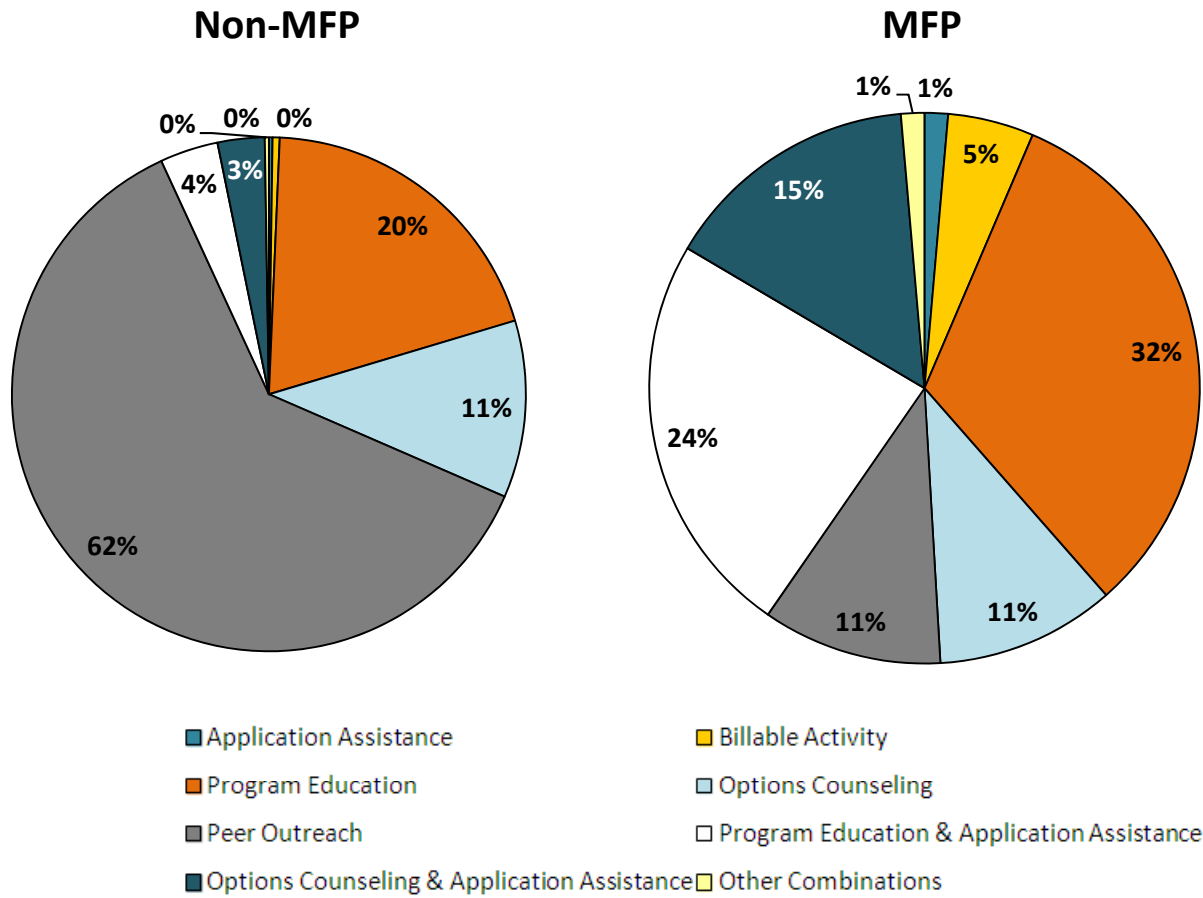


The median amount of time elapsed from the first client contact to MFP enrollment was 2 months in FY10, 4 months in FY11, and 5 months in FY12 and FY13.

Note: This chart illustrates the number of individuals who had a valid contact type in the MFP Tracking System and had an MFP span in MMIS, grouped by the fiscal year in which the MFP enrollment occurred.

Source: Maryland MFP Tracking System data as analyzed by The Hilltop Institute

Type of First Contact, FY12



While most people who did not participate in MFP had peer outreach as their first contact, MFP participants had mostly application assistance and program education.

Note: This chart illustrates the number of individuals who had a valid contact type in the MFP Tracking System, grouped by the fiscal year in which the first contact occurred.

Source: Maryland MFP Tracking System data as analyzed by The Hilltop Institute

Next Steps

In the coming months, Hilltop will be examining the following aspects of Maryland's MFP participants:

- Pre-transition characteristics from the Minimum Data Set
- Medicaid service utilization of those who transition, including disenrollment reasons and expenditure data
- Quality of Life survey findings



The Hilltop Institute

University of Maryland, Baltimore County
Sondheim Hall, 3rd Floor
1000 Hilltop Circle
Baltimore, MD 21250

www.hilltopinstitute.org