



National Association of State Medicaid Directors

an affiliate of the American Public Human Services Association



Long-Term Care in Medicaid: Innovations, Trends and Opportunities

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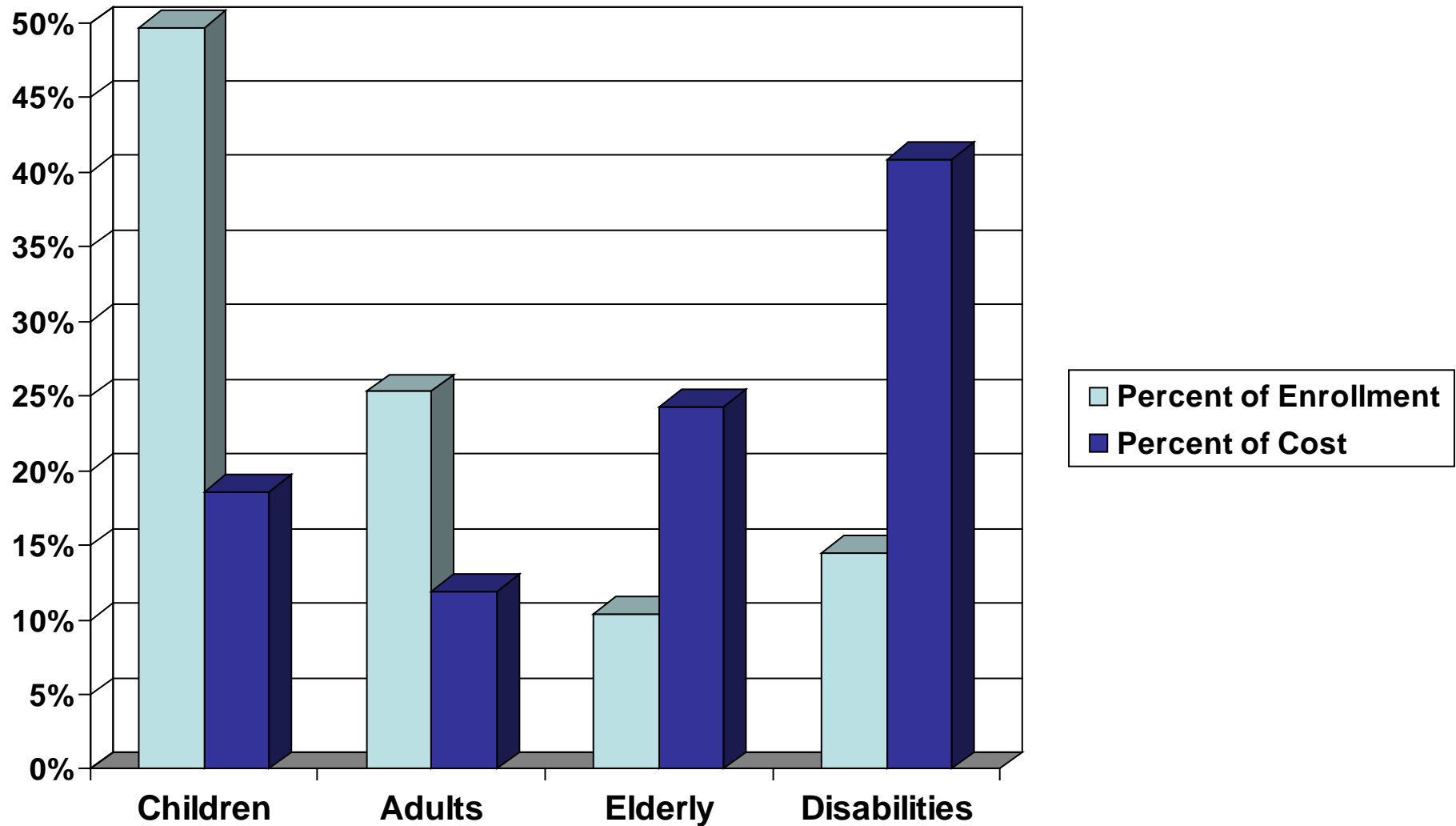
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The Current Complex Environment:

- State Budget Shortfalls
- CHIP Reauthorization
- Health Information Technology Adoption
- ARRA Requirements
- Increased Auditing Requirements
- Pharmacy Pricing Restructuring
- Managed Care Expansion
- ICD-10/5010 Transitioning
- Health Reform

Medicaid Enrollment & Expenditures



Current Trends in Deinstitutionalization

- 1915j Self-direction/“Cash and Counseling”;
- 1915i “Delinked Institutionalization”;
- Money Follows the Person Grants;
- Real Choice Systems Change Grants;
- Medicaid Infrastructure Grants; and
- Health Care Reform LTC provisions.

Employment and Medicaid

- 1619a & 1619b;
- Transitional Medical Assistance;
- Health Insurance Premium Payment;
- 1115 Expansion Waivers;
- 1915(c) Waivers;
- Medicaid Buy-in.

Employment and LTC Trends Across States

- Establish programs, policies and rates that emphasize integrated employment:
 - Supported & Customized Employment Programs: defining services in waivers;
 - Rate-restructuring to emphasize employment that is integrated rather than segregated/ sheltered;
 - Coordinate care and funding across multiple agencies; and
 - Establishing “employment-first” policies across multiple state agencies.
- Balance employment supports with funding constraints;
- Creatively structure Medicaid services.

State Examples: Kansas

- Utilized “Benchmark Benefits Package” tied to Medicaid Buy-in to create cash-and-counseling services (incentive for Employment & cost-containment);
- State Plan Services in conjunction with Long-term care;
- Long term care:
 - Self-directed or agency directed;
 - “Cash and Counseling” model;
 - Allows beneficiaries to manage their funds directly;
 - Allows beneficiaries to purchase their services in alternative ways;
 - Allows beneficiaries to use carry-over to purchase items that will increase independence.

State Examples: Minnesota

- Developing a comprehensive, person-centered, web-based assessment tool;
- Integrating health status assessment with employment assessment;
- Combining broader policy changes, including work incentives counseling, “Employment first,” and day-supports rate restructuring;
- Integrating information about employment and long-term care.

Future Directions

- CLASS act:
 - National, optional, payroll deduction-funded LTC;
 - Eligibility based on ADL, not income;
 - Concerns about potential uptake;
 - HHS ASPE is implementing CLASS – ongoing discussions needed.
- Health Reform Changes:
 - Community-First Choice: increased financial incentive to expand HCBS services; and
 - State Rebalancing initiative.

Ongoing Policy Concerns

- Affordable Housing;
- Transportation;
- Underlying “Institutional Bias” Remains;
- Tension around definition of Medicaid services (Case Management, Rehabilitation); and
- Funding community supports for individuals with Mental Illnesses.

Opportunities for UCEDDs

- Research on Medicaid & Private Market Reform:
 - How do individuals with disabilities access supports in a reformed system?
 - How has reform impacted HCBS services?
 - What are remaining gaps in services?
 - Are there ways to improve service delivery?
- Long-term Care Policy and Programming:
 - Coordinate information and assistance for people with disabilities across expanded & reformed system;
 - Support outreach and education to providers, advocates & community partners; and
 - Technical assistance and information sharing with ongoing deinstitutionalization efforts.