



# The Hilltop Institute

*analysis to advance the health of vulnerable populations*

## Medicaid Long-Term Services and Supports in Maryland: Money Follows the Person Metrics *The Service Use and Costs of Transitioned Individuals*

A Chart Book

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Prepared for:  
Maryland Department of Health and Mental Hygiene

**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 chart book, which was originally a presentation to the MFP Stakeholder Advisory Group, focuses on the third set of those metrics:

- What is the rate of reinstitutionalization within one year of transition for people who transitioned from a qualified institutional setting pre- and post-July 2008?
- What is the rate and costs of Medicaid-paid hospitalizations during the first year post-transition for people who transitioned from a qualified institutional setting pre- and post-July 2008?
- For people who transition from a qualified institutional setting, what are the pre- and post-Per Member Per Month (PMPM) Medicaid costs for HCBS versus institutionalization?

## Data Source

### **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. The Hilltop Institute acts as a secondary data repository for these data, and claims and eligibility files for fiscal years 2005 through 2010 were used for this analysis.

## HCBS Transition Criteria

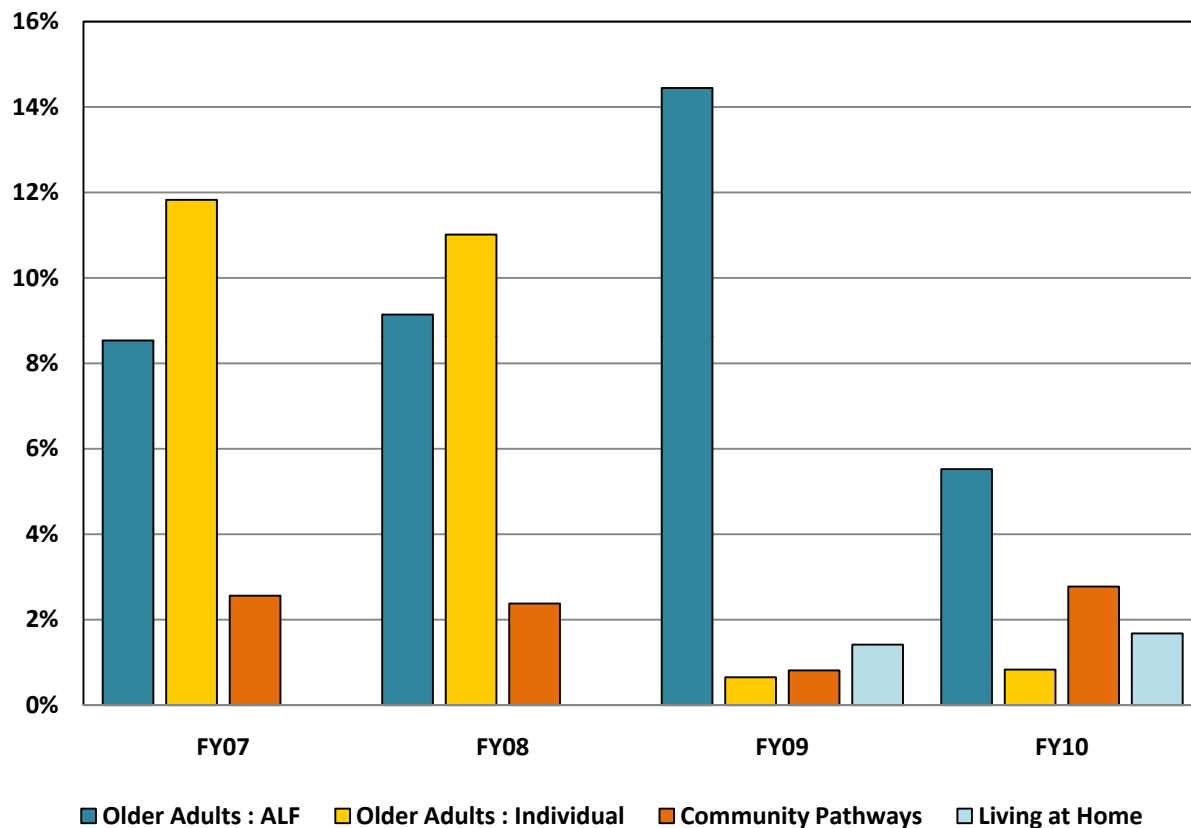
### Defining an HCBS Transition

“Transitioned” individuals—both pre- and post-MFP implementation—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 long-term care (LTC) institutional stay within 30 days
- ***Followed by enrollment into an HCBS waiver program***

# **Reinstitutionalization Rates and Inpatient Use of Waiver Transitions FY 2007 – FY 2010**

**Figure 1. Percent of Transitioned Waiver Participants Who Were Reinstitutionalized, by Waiver Program, FY 2007 – FY 2010**



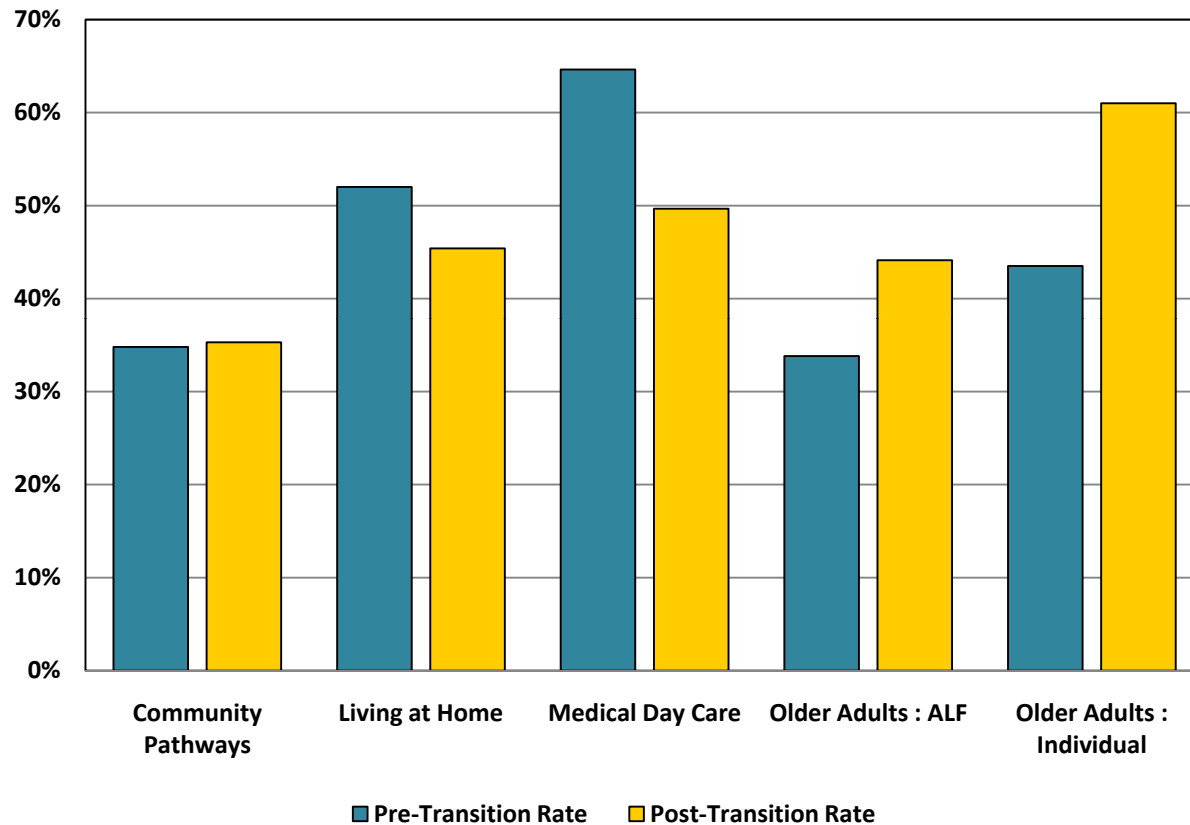
**Note:** This chart illustrates the number of individuals who had at least one Medicaid paid day in one of the following settings: Nursing Facility, Chronic Hospital, State Residential Center, or Institute for Mental Disease and subsequently enrolled in a waiver program. Nursing Facility residents must have also had a valid Medicaid level of care designation.

**Source:** Maryland MMIS data as analyzed by The Hilltop Institute, FY 2007 – FY 2011

From FY 2007 to FY 2010, about 5% of all of those individuals who transitioned (100 unique individuals) reentered LTC institutions within one year of transition according to the “waiver disenrollment reason” in the Medicaid Management Information System.

Reinstitutionalization counts are preliminary for individuals who transitioned during FY 2010 because many of them have not yet completed a full year in the community post-transition.

**Figure 2. Pre- and Post-Transition Utilization Rates for Inpatient Services, by Waiver Program, FY 2008 – FY 2010**



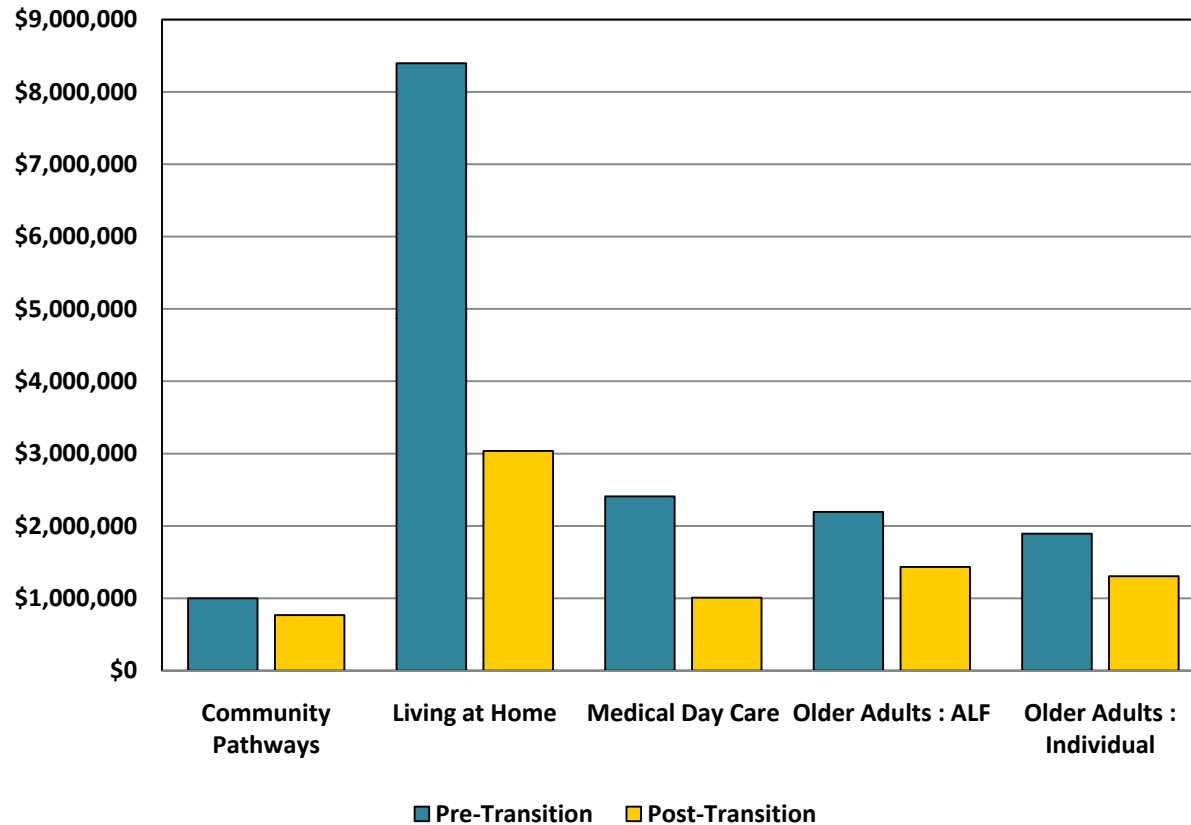
For individuals who transitioned into a waiver between FY 2008 and FY 2010, about 43% used inpatient services within one year before transition while 45% used these services within one year after transition.

**Note:** This chart illustrates the number of individuals who had at least one Medicaid paid day in one of the following settings: Nursing Facility, Chronic Hospital, State Residential Center, or Institute for Mental Disease and subsequently enrolled in a waiver program. Nursing Facility residents must have also had a valid Medicaid level of care designation.

**Source:** Maryland MMIS data as analyzed by The Hilltop Institute, FY 2008 – FY 2010



**Figure 3. Pre- and Post-Transition Inpatient Services Expenditures, by Waiver Program, FY 2008 – FY 2010**



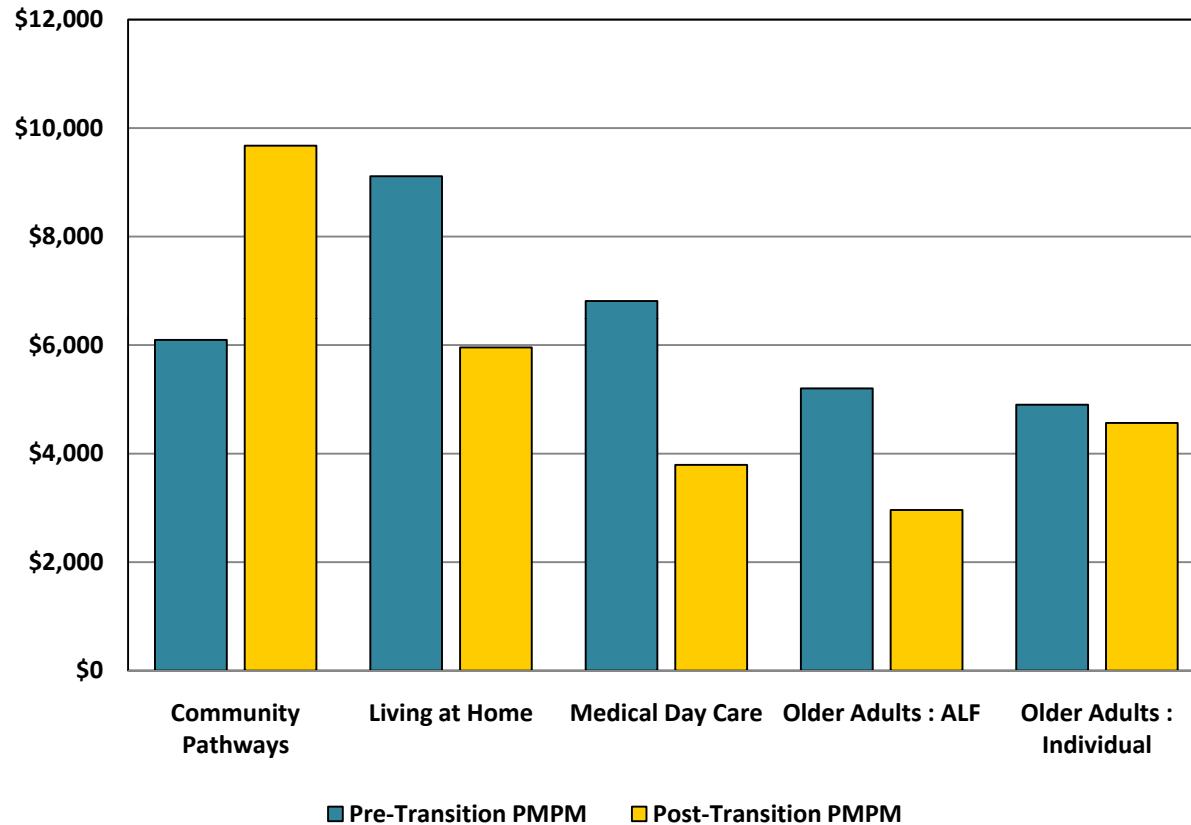
For individuals who transitioned into a waiver between FY 2008 and FY 2010, expenditures for inpatient services utilized within one year before transition totaled about \$16M while inpatient services expenditures utilized within one year after transition totaled \$7.5M.

**Note:** This chart illustrates the number of individuals who had at least one Medicaid paid day in one of the following settings: Nursing Facility, Chronic Hospital, State Residential Center, or Institute for Mental Disease and subsequently enrolled in a waiver program. Nursing Facility residents must have also had a valid Medicaid level of care designation.

**Source:** Maryland MMIS data as analyzed by The Hilltop Institute, FY 2008 – FY 2010

**Pre- and Post-Transition  
Expenditures  
of Waiver Transitions  
FY 2007 – FY 2010**

**Figure 4. Pre- and Post-Transition Total Per Member Per Month (PMPM) for All Medicaid Expenditures, by Waiver Program, FY 2008 – FY 2010**

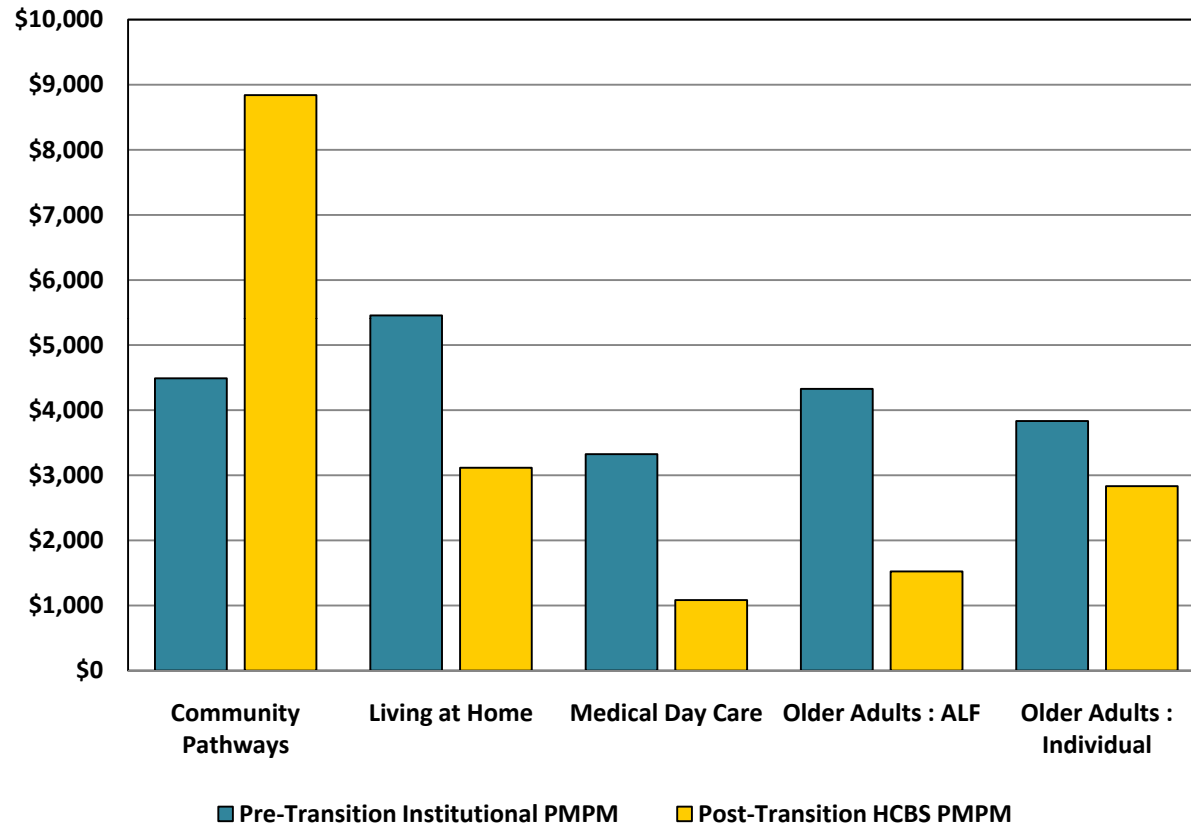


For individuals who transitioned into a waiver between FY 2008 and FY 2010, average monthly Medicaid expenditures decreased after transition for all waiver programs except Community Pathways.

**Note:** This chart illustrates the number of individuals who had at least one Medicaid paid day in one of the following settings: Nursing Facility, Chronic Hospital, State Residential Center, or Institute for Mental Disease and subsequently enrolled in a waiver program. Nursing Facility residents must have also had a valid Medicaid level of care designation.

**Source:** Maryland MMIS data as analyzed by The Hilltop Institute, FY 2008 – FY 2010

**Figure 5. Pre- and Post-Transition PMPM Long-Term Supports and Services Expenditures , By Waiver Program, FY 2008 – FY 2010**



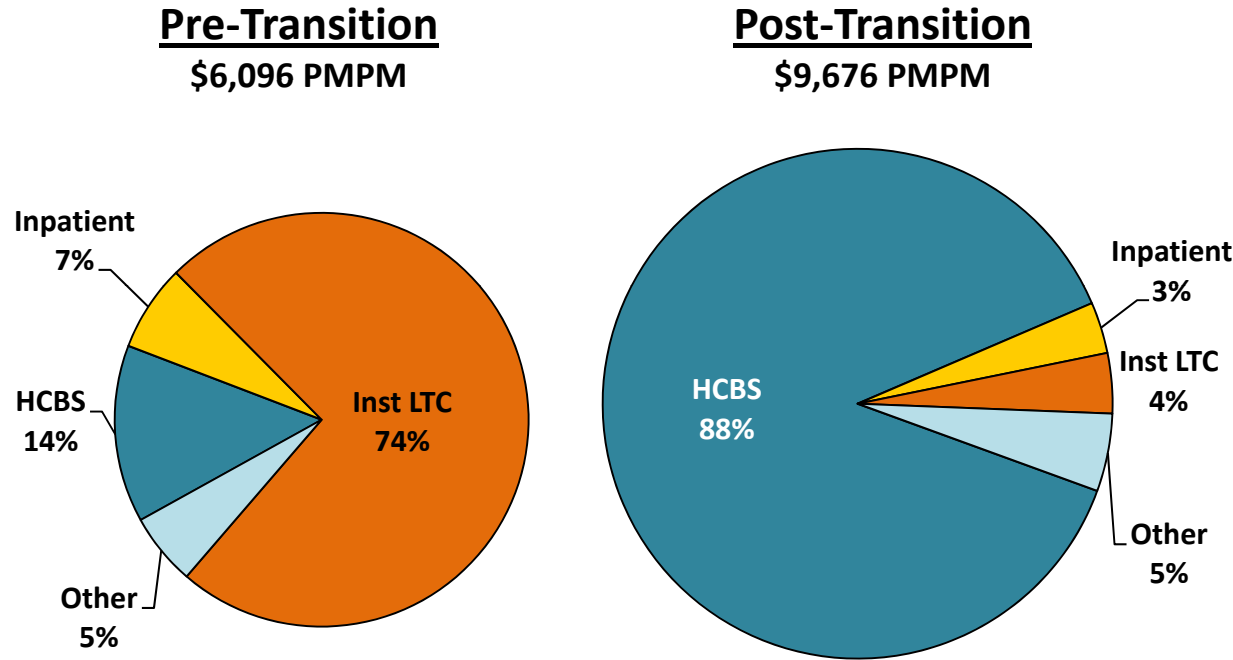
For individuals who transitioned into a waiver between FY 2008 and FY 2010, average monthly LTSS expenditures decreased for all waiver programs after transition except for Community Pathways.

**Note:** This chart illustrates the number of individuals who had at least one Medicaid paid day in one of the following settings: Nursing Facility, Chronic Hospital, State Residential Center, or Institute for Mental Disease and subsequently enrolled in a waiver program. Nursing Facility residents must have also had a valid Medicaid level of care designation.

In this slide, only pre-transitional institutional LTC and post-transitional HCBS are shown. Short-term pre-transition HCBS and post-transition institutional LTC have not been included, even though instances of these services did exist.

**Source:** Maryland MMIS data as analyzed by The Hilltop Institute, FY 2008 – FY 2010

**Figure 6. Distribution of Pre- and Post- Transition\* Medicaid Expenditures for Community Pathways, FY 2008 – FY 2010**

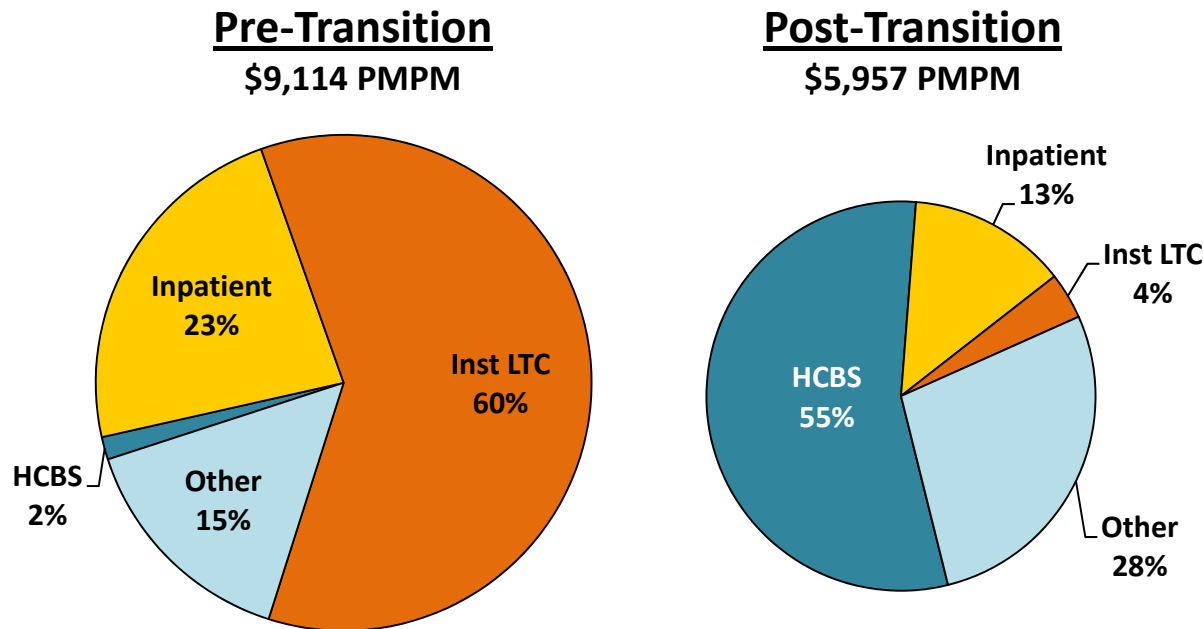


For individuals who transitioned to the Community Pathways Waiver between FY 2008 and FY 2010, the majority of pre-transition spending was for institutional LTC, while the majority of post-transition spending was for HCBS. The share of spending for inpatient services decreased after transition, while the share for other services remained constant.

**Note:** This chart illustrates the number of individuals who had at least one Medicaid paid day in one of the following settings: Nursing Facility, Chronic Hospital, State Residential Center, or Institute for Mental Disease and subsequently enrolled in a waiver program. Nursing Facility residents must have also had a valid Medicaid level of care designation.  
 "Other" services consist of: Outpatient, Physician, Dental, Pharmacy, Capitation, and services from special programs.  
 \* Pre-and post-transition timeframes are one year.

**Source:** Maryland MMIS data as analyzed by The Hilltop Institute, FY 2008 – FY 2010

**Figure 7. Distribution of Pre- and Post- Transition\* Medicaid Expenditures for Living at Home, FY 2008 – FY 2010**

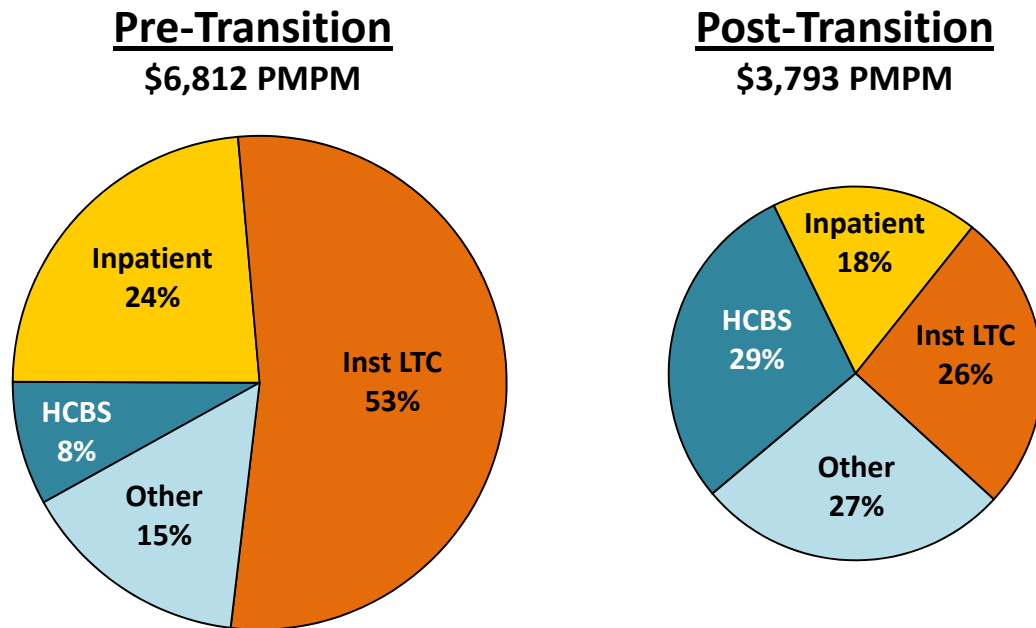


For individuals who transitioned to the Living at Home Waiver between FY 2008 and FY 2010, the majority of pre-transition spending was for institutional LTC, while the majority of post-transition spending was for HCBS. The share of spending for inpatient services decreased after transition, while the share for other services increased.

**Note:** This chart illustrates the number of individuals who had at least one Medicaid paid day in one of the following settings: Nursing Facility, Chronic Hospital, State Residential Center, or Institute for Mental Disease and subsequently enrolled in a waiver program. Nursing Facility residents must have also had a valid Medicaid level of care designation.  
 "Other" services consist of: Outpatient, Physician, Dental, Pharmacy, Capitation, and services from special programs.  
 \* Pre-and post-transition timeframes are one year.

**Source:** Maryland MMIS data as analyzed by The Hilltop Institute, FY 2008 – FY 2010

**Figure 8. Distribution of Pre- and Post- Transition\* Medicaid Expenditures for Medical Day Care, FY 2008 – FY 2010**



For individuals who transitioned to the Medical Day Care Waiver between FY 2008 and FY 2010, the majority of pre-transition spending was for institutional LTC, while the post-transition spending was more equally split among all service types. The share of spending for inpatient services decreased after transition, while the share for other services increased.

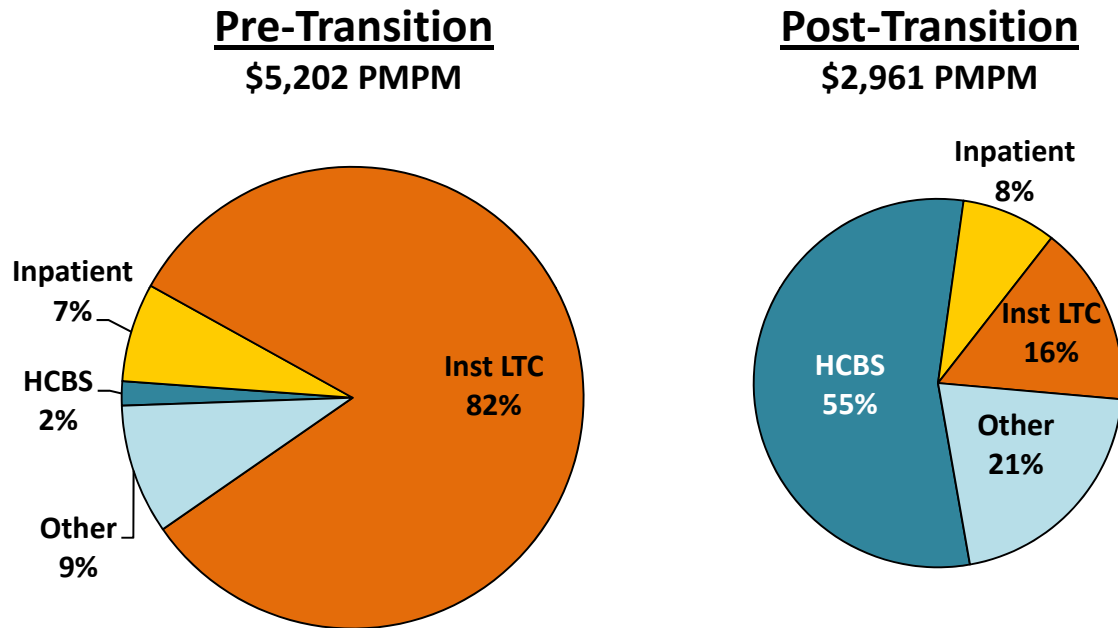
**Note:** This chart illustrates the number of individuals who had at least one Medicaid paid day in one of the following settings: Nursing Facility, Chronic Hospital, State Residential Center, or Institute for Mental Disease and subsequently enrolled in a waiver program. Nursing Facility residents must have also had a valid Medicaid level of care designation.

“Other” services consist of: Outpatient, Physician, Dental, Pharmacy, Capitation, and services from special programs.

\* Pre-and post-transition timeframes are one year.

**Source:** Maryland MMIS data as analyzed by The Hilltop Institute, FY 2008 – FY 2010

**Figure 9. Distribution of Pre- and Post- Transition\* Medicaid Expenditures for Older Adults Waiver, Assisted Living, FY 2008 – FY 2010**



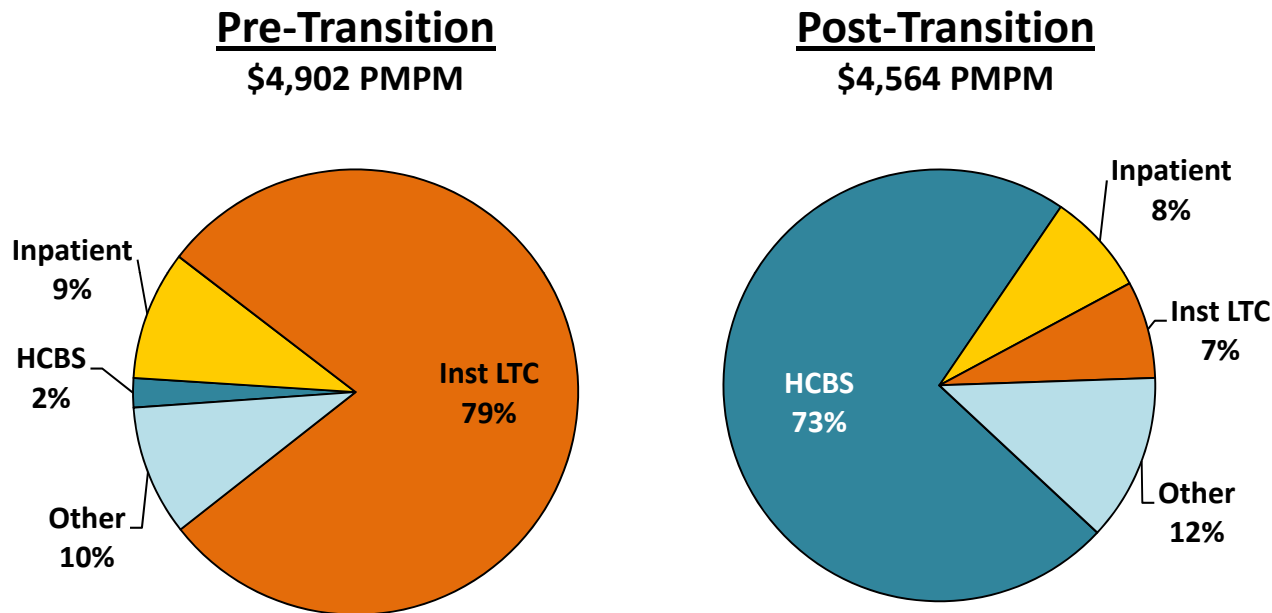
For individuals who transitioned to the Older Adults Waiver (Assisted Living) between FY 2008 and FY 2010, the majority of pre-transition spending was for institutional LTC, while the majority of post-transition spending was for HCBS. The share of spending for inpatient services remained relatively constant after transition, while the share for other services increased.

**Note:** This chart illustrates the number of individuals who had at least one Medicaid paid day in one of the following settings: Nursing Facility, Chronic Hospital, State Residential Center, or Institute for Mental Disease and subsequently enrolled in a waiver program. Nursing Facility residents must have also had a valid Medicaid level of care designation.  
 “Other” services consist of: Outpatient, Physician, Dental, Pharmacy, Capitation, and services from special programs.  
 \* Pre-and post-transition timeframes are one year.

**Source:** Maryland MMIS data as analyzed by The Hilltop Institute, FY 2008 – FY 2010



**Figure 10. Distribution of Pre- and Post- Transition\* Medicaid Expenditures for Older Adults Waiver, Individual Residence, FY 2008 – FY 2010**



For individuals who transitioned to the Older Adults Waiver (Individual Residence) between FY 2008 and FY 2010, the majority of pre-transition spending was for institutional LTC, while the majority of post-transition spending was for HCBS. The share of spending for inpatient and other services remained relatively constant after transition.

**Note:** This chart illustrates the number of individuals who had at least one Medicaid paid day in one of the following settings: Nursing Facility, Chronic Hospital, State Residential Center, or Institute for Mental Disease and subsequently enrolled in a waiver program. Nursing Facility residents must have also had a valid Medicaid level of care designation.  
 “Other” services consist of: Outpatient, Physician, Dental, Pharmacy, Capitation, and services from special programs.  
 \* Pre-and post-transition timeframes are one year.

**Source:** Maryland MMIS data as analyzed by The Hilltop Institute, FY 2008 – FY 2010

## Next Steps

For the fourth set of metrics, Hilltop will be examining the following aspects of Maryland's transitioning population:

- Quality of Life survey findings



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