



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 Institutional Characteristics 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 second set of those metrics:

- What Medicaid programs do transitioning individuals participate in (i.e., OAW, LAH, or community with state plan benefits)?
- For people who transition to the OAW (both MFP and non-MFP participants), how many move to independent housing versus assisted living?
- How do the people transitioning from NFs in FY 2009 and FY 2010 compare to those who transitioned previously in their pre-transition nursing facility level of care?
- For people transitioning from NFs in FY 2009 and FY 2010, is average pre-transition nursing facility level of care and average length of nursing home stay changing over time?

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

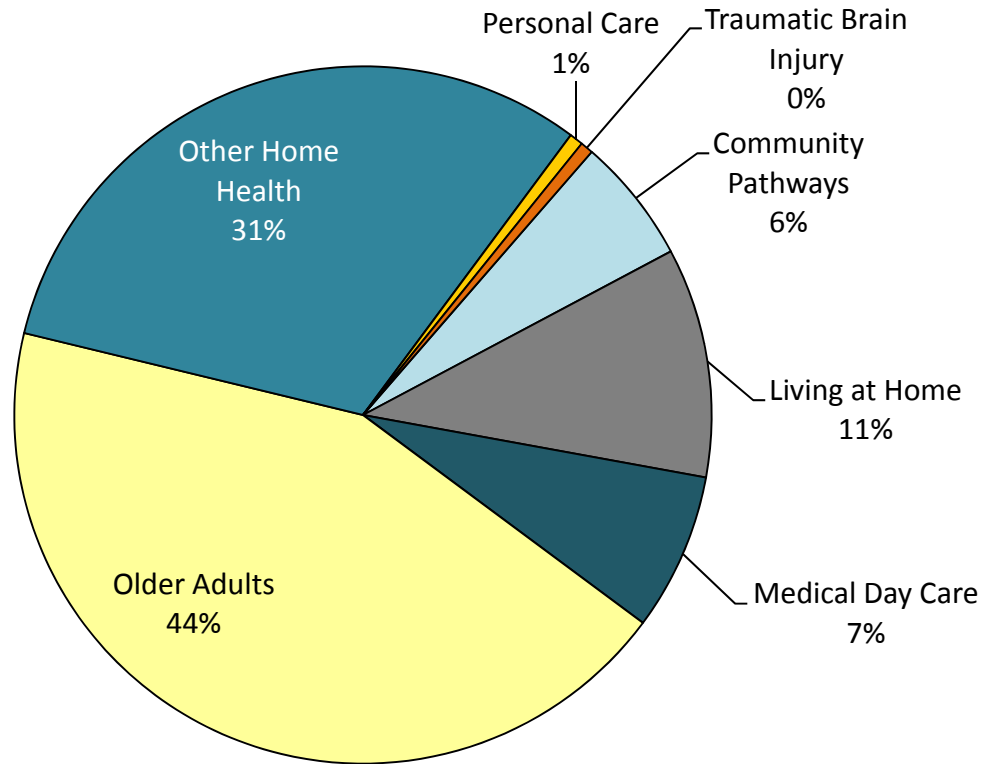
Defining an HCBS Transition

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***

Community Service Utilization for HCBS Transitions FY 2005 – FY 2010

HCBS Transition Destinations, FY 2005- FY 2008

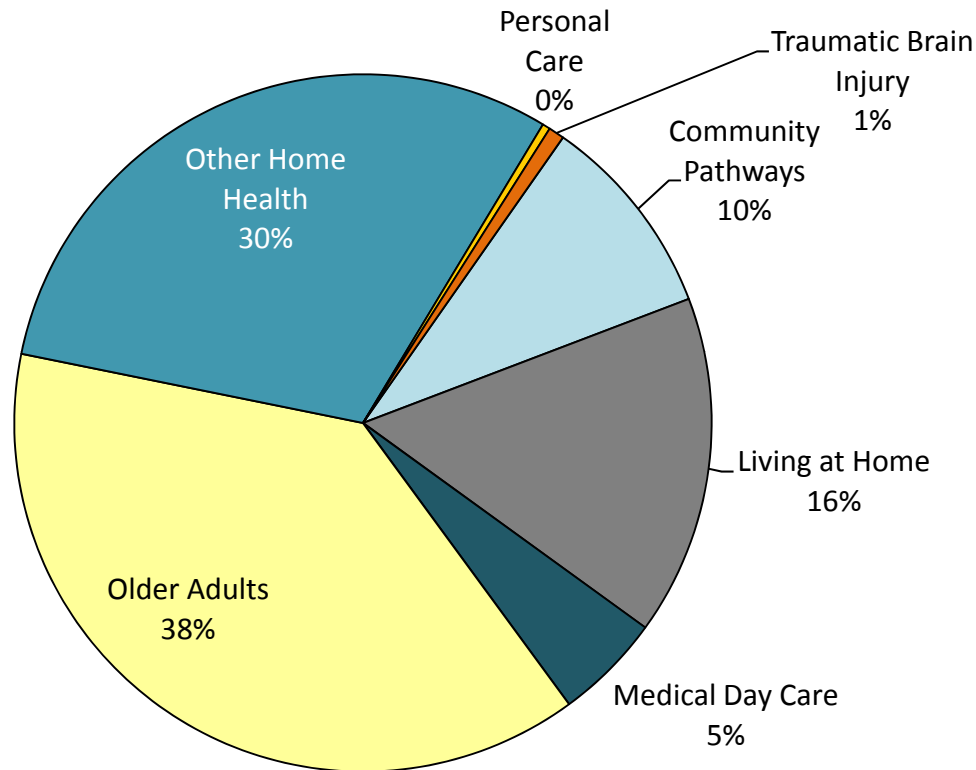


Between FY 2005 and FY 2008, the majority of individuals who transitioned and used HCBS went into the Older Adults Waiver (OAW).

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 either enrolled in a waiver program or used some other home health service. Nursing Facility users must have also had a valid Medicaid level of care designation.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY 2005 – FY 2010

HCBS Transition Destinations, FY 2009 – FY 2010

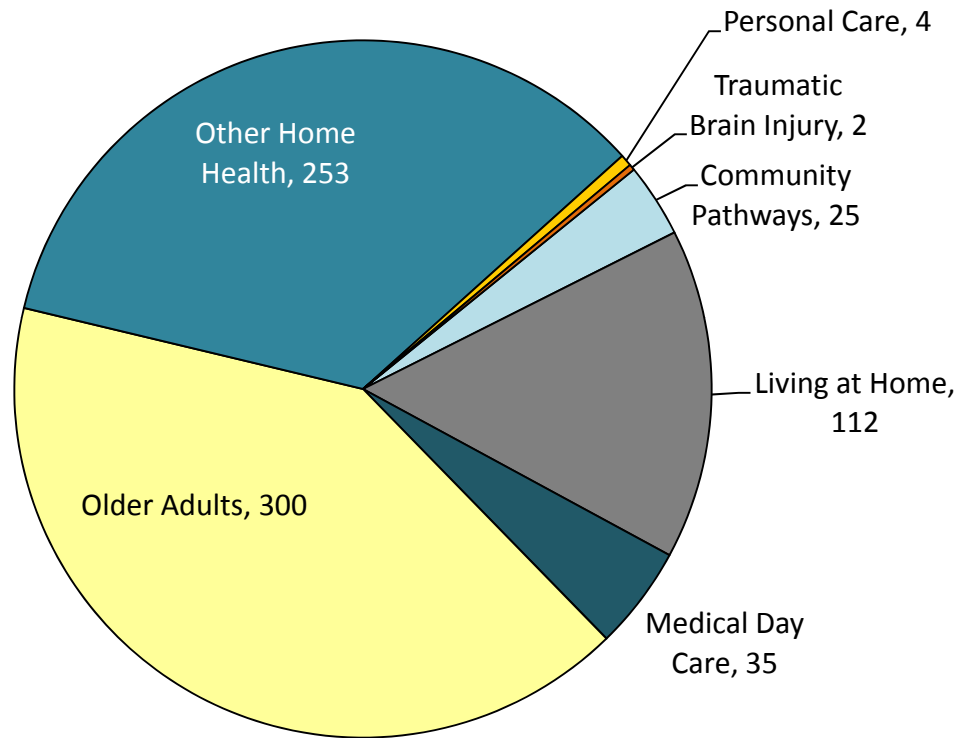


As in the prior period, the majority of individuals who transitioned and used HCBS went into OAW. The distribution of services is similar, with a slight decrease in the share of OAW enrollment and Medical Day Care use and a corresponding increase in the share of Living at Home (LAH) Waiver and Community Pathways enrollment.

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 either enrolled in a waiver program or used some other home health service. Nursing Facility users must have also had a valid Medicaid level of care designation.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY 2005 – FY 2010

Nursing Facility Transition Destinations, FY 2009

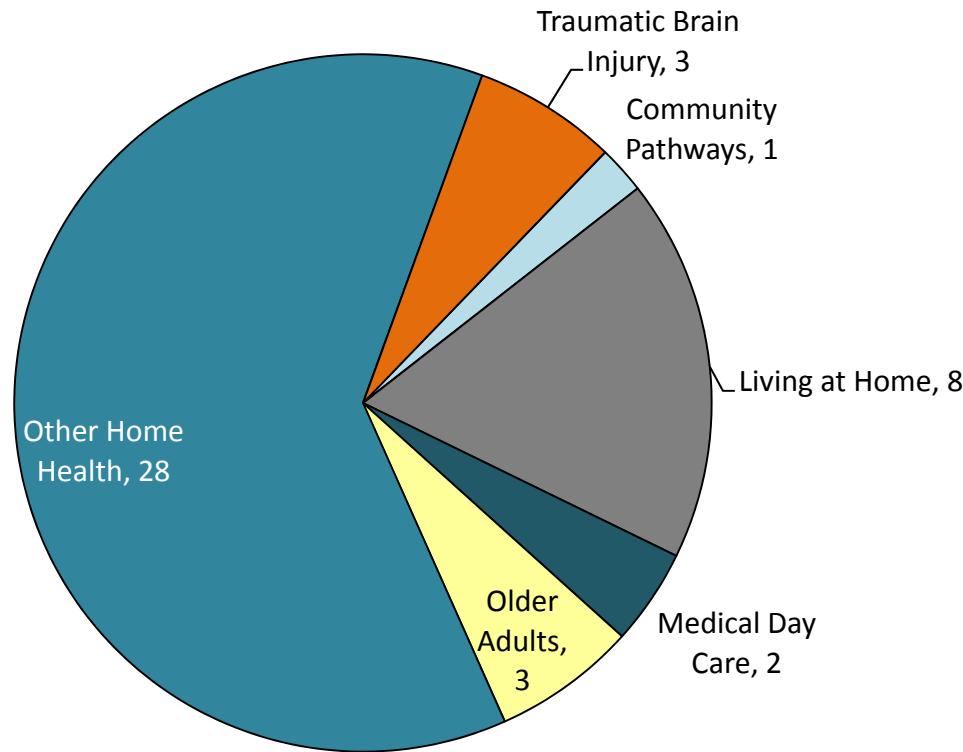


In FY 2009, the majority of individuals who transitioned from a nursing facility and used HCBS went into OAW, with the second largest group using non-waiver home health services.

Note: This chart illustrates the number of individuals who had at least one Medicaid paid day in a Nursing Facility and either enrolled in a waiver program or used some other home health service. Nursing Facility users must have also had a valid Medicaid level of care designation.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY 2005 – FY 2010

Chronic Hospital Transition Destinations, FY 2009



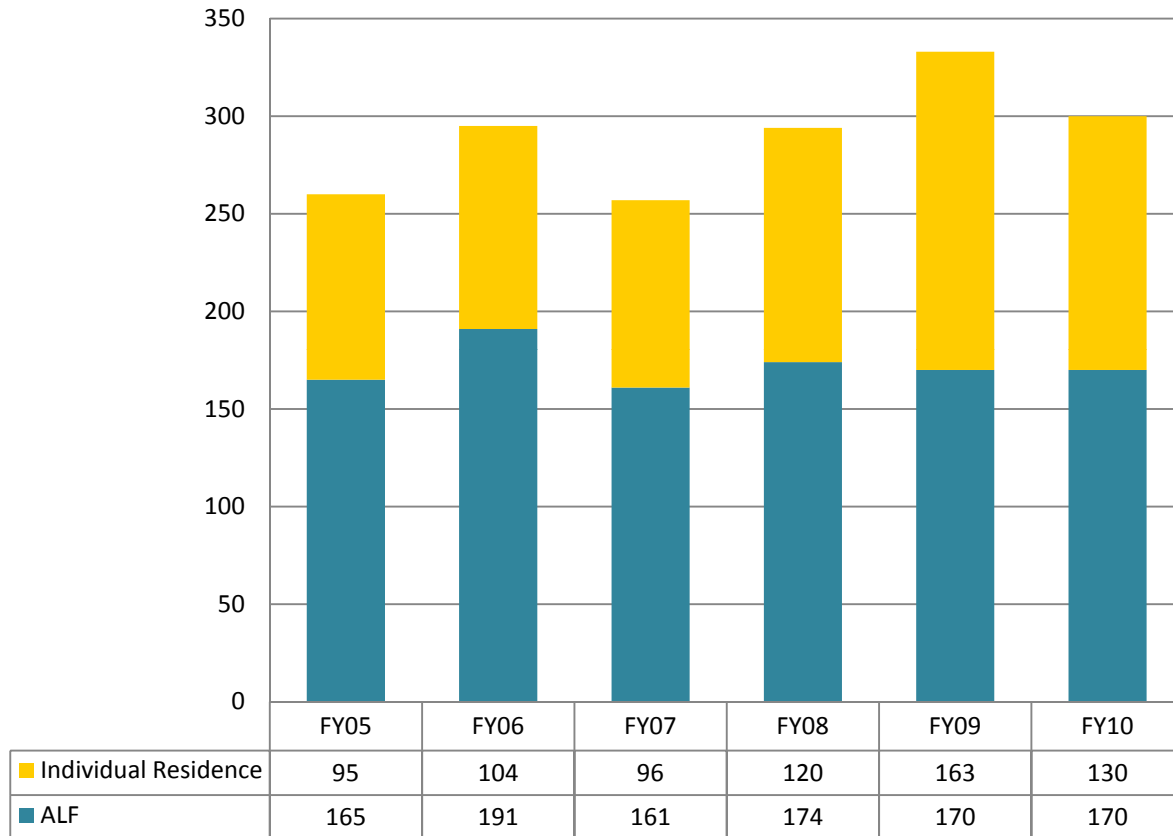
In FY 2009, the majority of individuals who transitioned from a chronic hospital and used HCBS used non-waiver home health services, with the second largest group enrolling in LAH.

All individuals who transitioned from a state residential center entered Community Pathways, so their distribution is not shown.

Note: This chart illustrates the number of individuals who had at least one Medicaid paid day in a Nursing Facility and either enrolled in a waiver program or used some other home health service. Nursing Facility users must have also had a valid Medicaid level of care designation.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY 2005 – FY 2010

Individuals Transitioning into OAW by Type of Residence



The distribution of OAW participants who reside in assisted living facilities versus individual residences has ranged from 65% in FY 2006 to 51% in FY 2009.

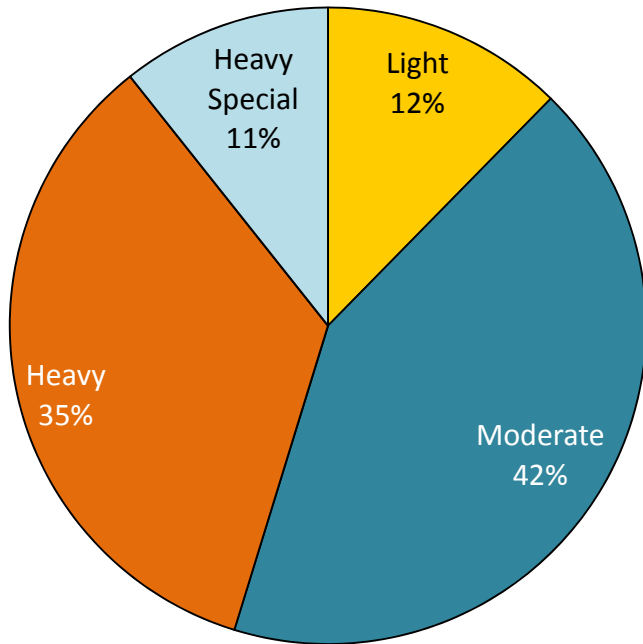
Note: This chart illustrates the number of individuals who had at least one Medicaid paid day in one of the following settings: Nursing Facility, Chronic Hospital, State Residential Center, or Institute for Mental Disease and enrolled in the Older Adults Waiver. Nursing Facility users must have also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

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY 2005 – FY 2010

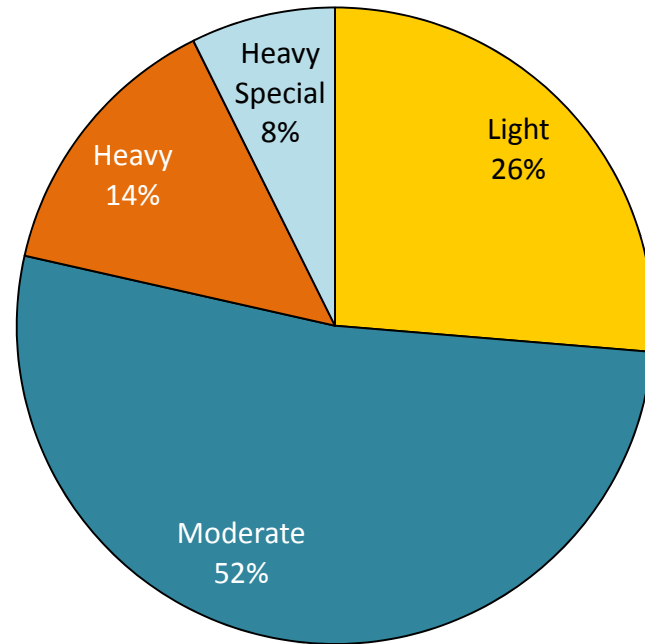
**Nursing Home Level of Care
for HCBS Transitions
FY 2005 – FY 2010**

Nursing Facility Level of Care: FY 2009 Comparison

All Users



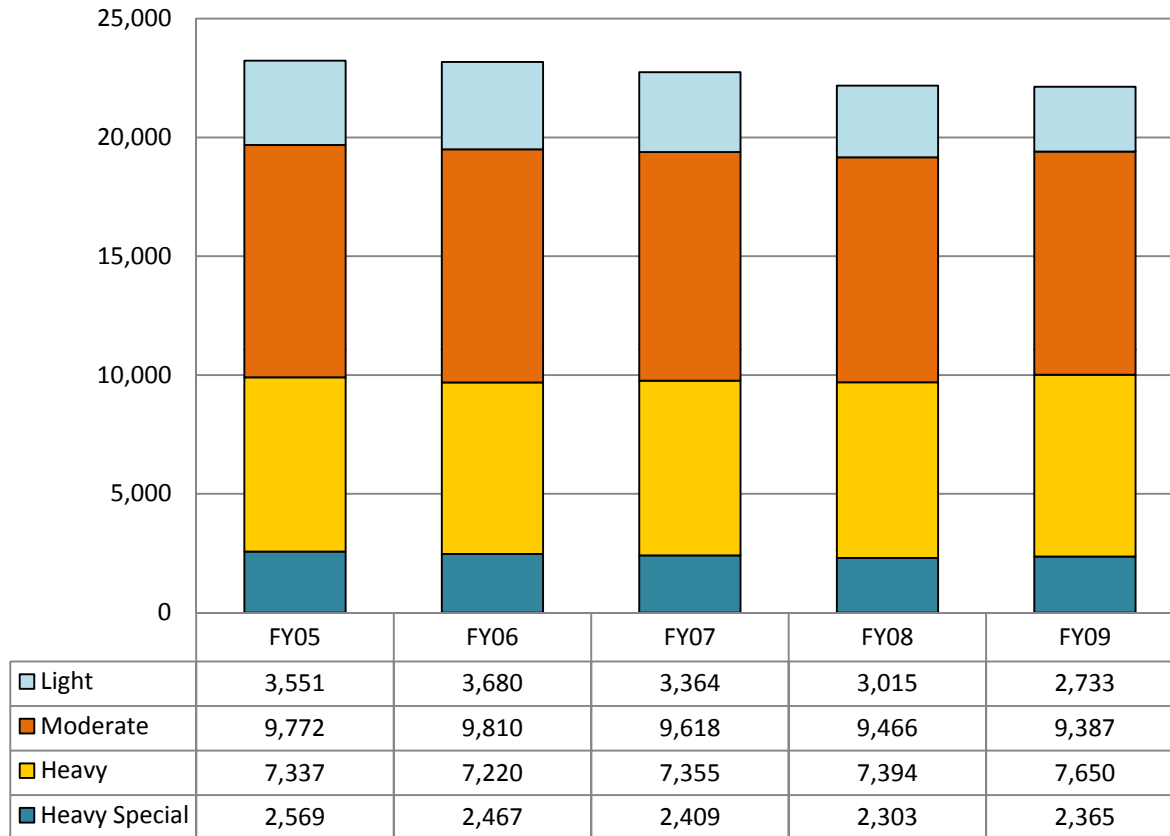
HCBS Transitions



Note: These charts illustrate the percentage of individuals by level of care who had at least one Medicaid paid day in a Nursing Facility and also had a valid Medicaid level of care designation.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY 2009

Nursing Facility Level of Care for All Users

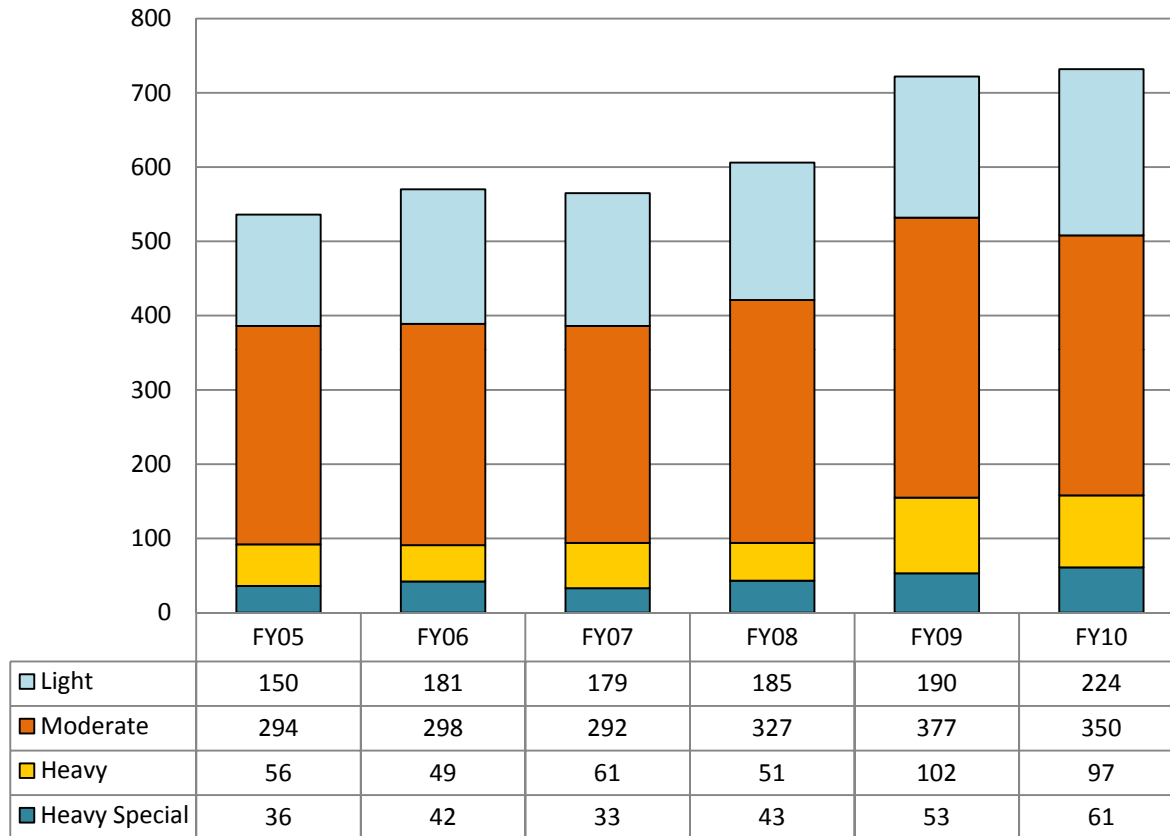


The distribution of nursing facility levels of care has remained fairly constant over time for all users. In FY 2009, 12% were classified as “light,” 42% as “moderate,” 35% as “heavy,” and 11% as “heavy special.”

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

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY 2005 – FY 2009

Nursing Facility Level of Care for HCBS Transitions

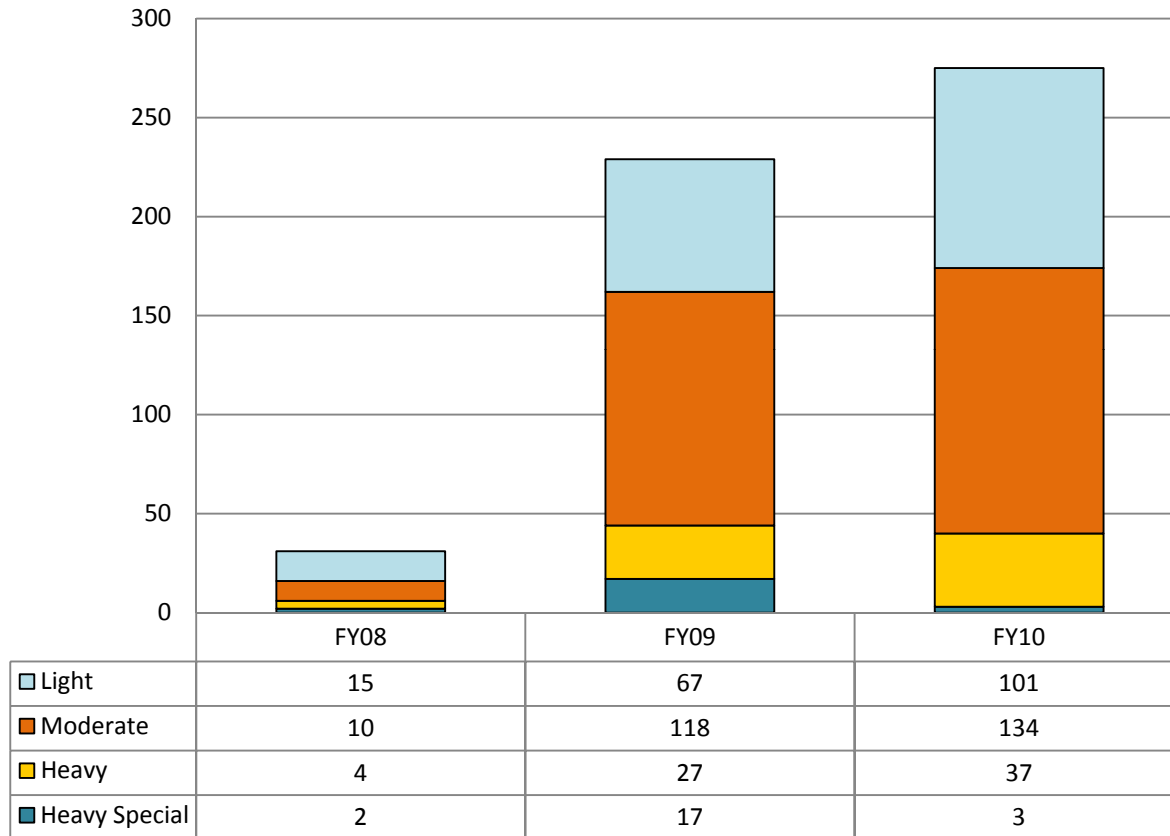


The distribution of nursing facility levels of care has remained fairly constant over time for individuals who transitioned from a nursing facility and used HCBS. Between FY 2005 and FY 2008, 30% were classified as “light,” 53% as “moderate,” 10% as “heavy,” and 7% as “heavy special.” This compares to FY 2009 and FY 2010, where 28% were classified as “light,” 50% as “moderate,” 14% as “heavy,” and 8% as “heavy special.”

Note: This chart illustrates the number of individuals who had at least one Medicaid paid day in a Nursing Facility and either enrolled in a waiver program or used some other home health service. Nursing Facility users must have also had a valid Medicaid level of care designation.

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY 2005 – FY 2010

Nursing Facility Level of Care for MFP Transitions



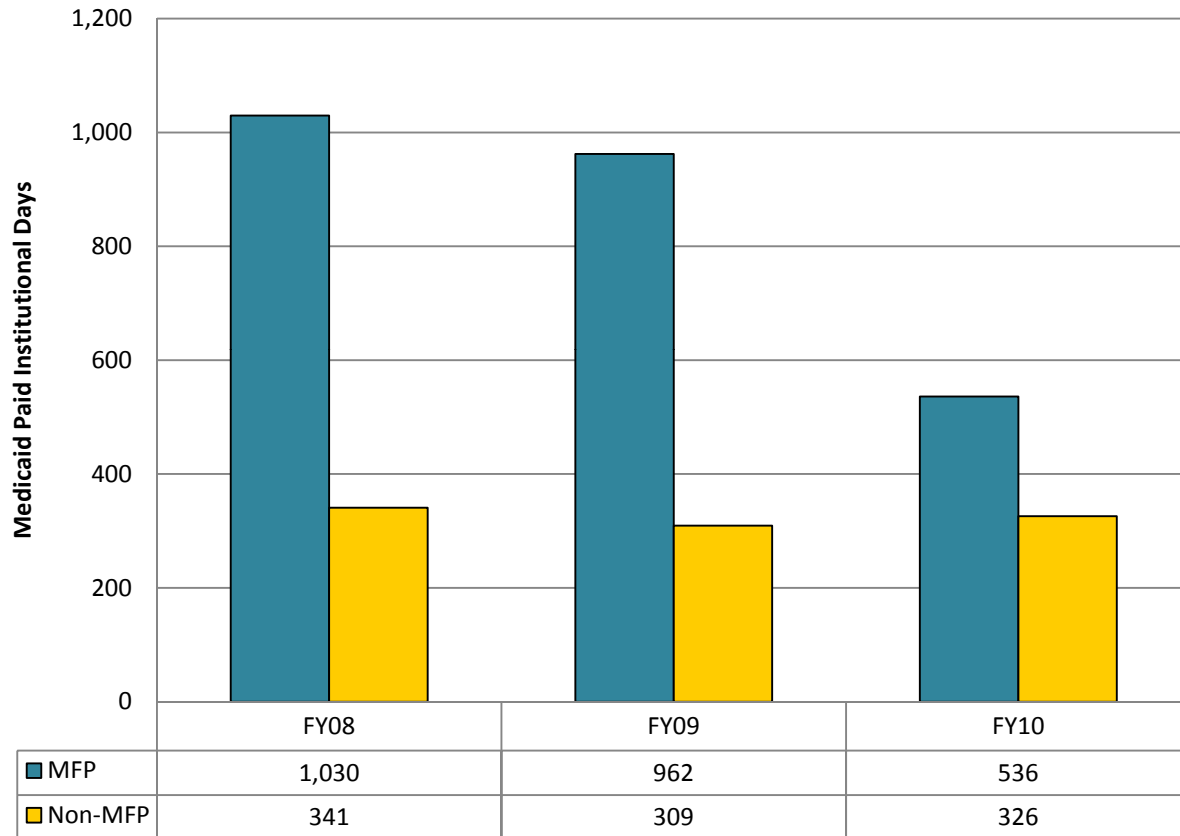
The distribution of nursing facility levels of care has varied over the course of the MFP program, with a higher percentage of individuals with “light” and “heavy” levels of care in FY 2010 when compared to FY 2009. In FY 2009, 29% of individuals were classified as “light,” 52% as “moderate,” 12% as “heavy,” and 7% as “heavy special.”

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

Source: Maryland MMIS data as analyzed by The Hilltop Institute, FY 2005 – FY 2010

**Medicaid Length of Stay
for HCBS Transitions
FY 2005 – FY 2010**

Medicaid Length of Stay for HCBS Transitions, All Settings

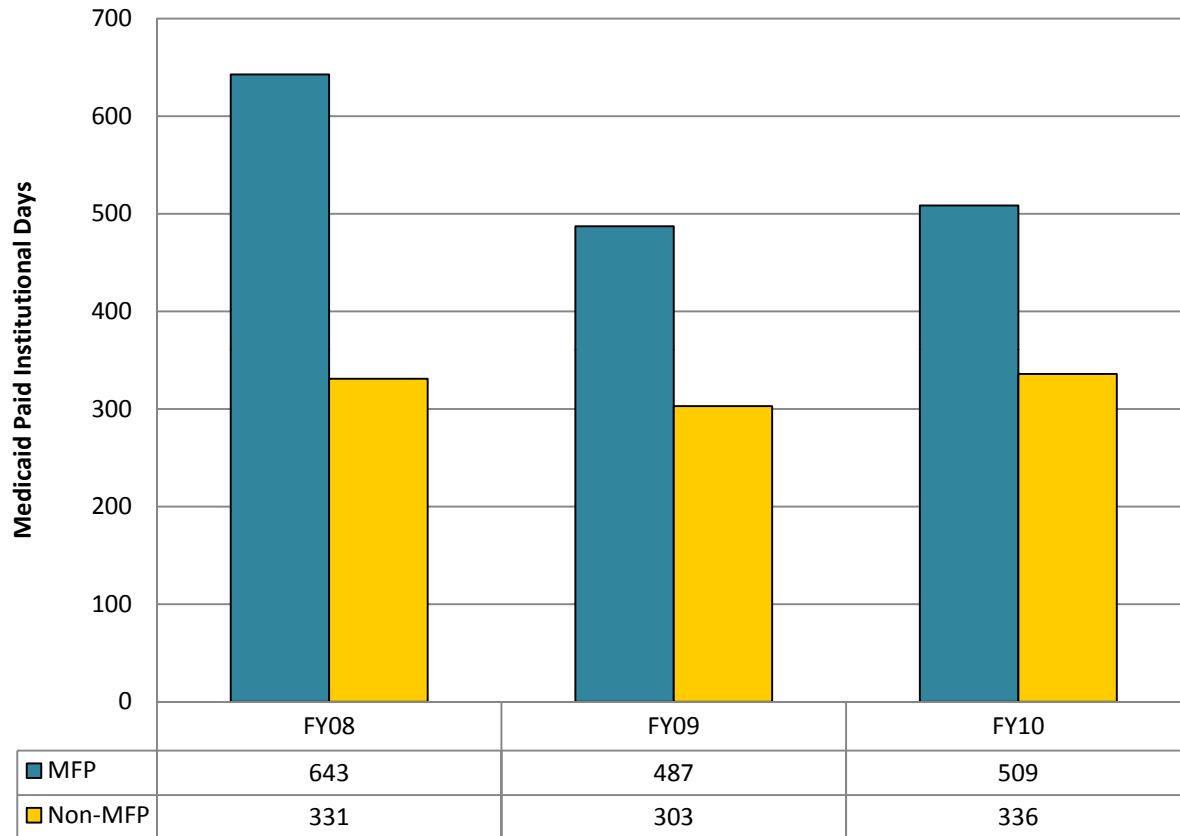


Individuals transitioning to the community under MFP have historically had longer lengths of stay than those transitioning to HCBS without MFP participation. In FY 2008, MFP participants had lengths of stay about three times longer than their non-MFP counterparts, with the gap narrowing to less than twice as long in FY 2010.

Note: This chart illustrates the number of continuous Medicaid paid institutional days for 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 either enrolled in a waiver program or used some other home health service. Nursing Facility users 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

Medicaid Length of Stay for HCBS Transitions, Nursing Facility

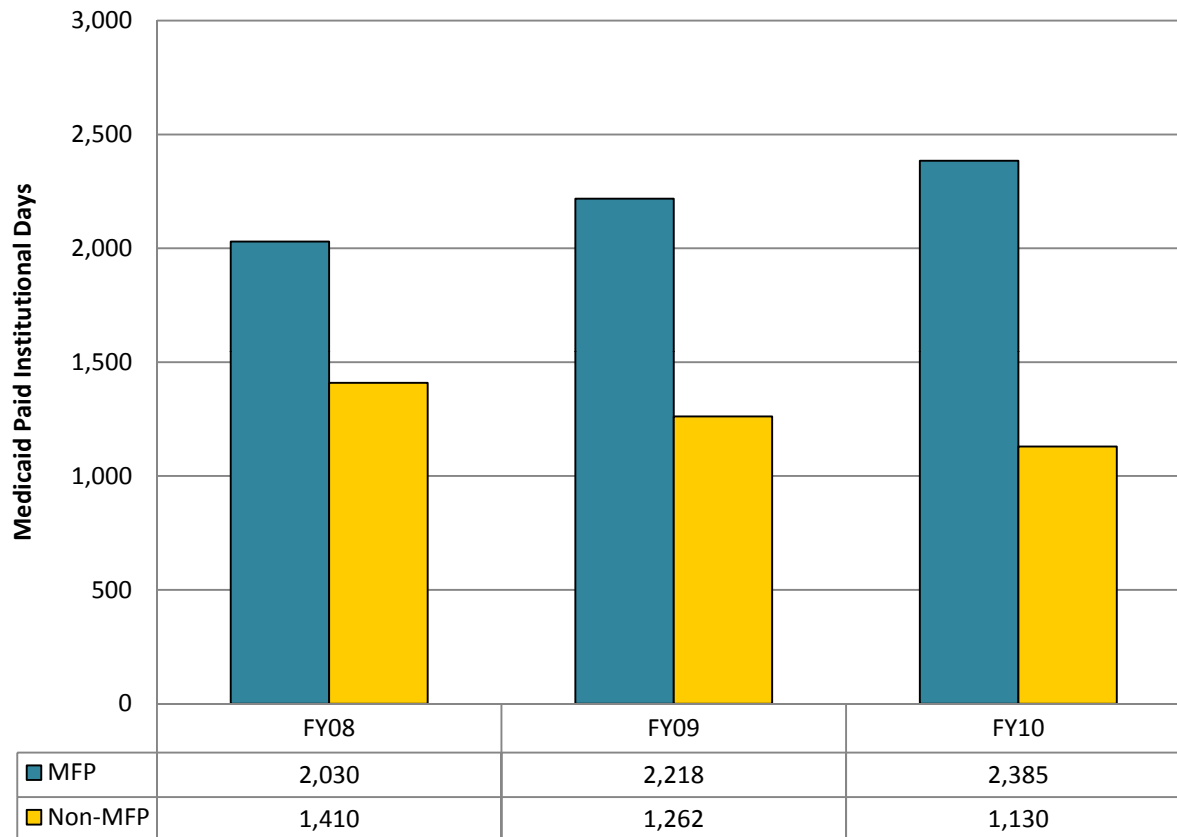


Individuals transitioning to the community from a nursing facility under MFP have historically had longer lengths of stay than those transitioning to HCBS without MFP participation. In FY 2008, MFP participants had lengths of stay almost twice as long as their non-MFP counterparts, with the gap narrowing to about 1.5 times as long in FY 2010.

Note: This chart illustrates the number of continuous Medicaid paid institutional days for individuals who had at least one Medicaid paid day in a Nursing Facility and either enrolled in a waiver program or used some other home health service. Nursing Facility users 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

Medicaid Length of Stay for HCBS Transitions, State Residential Center

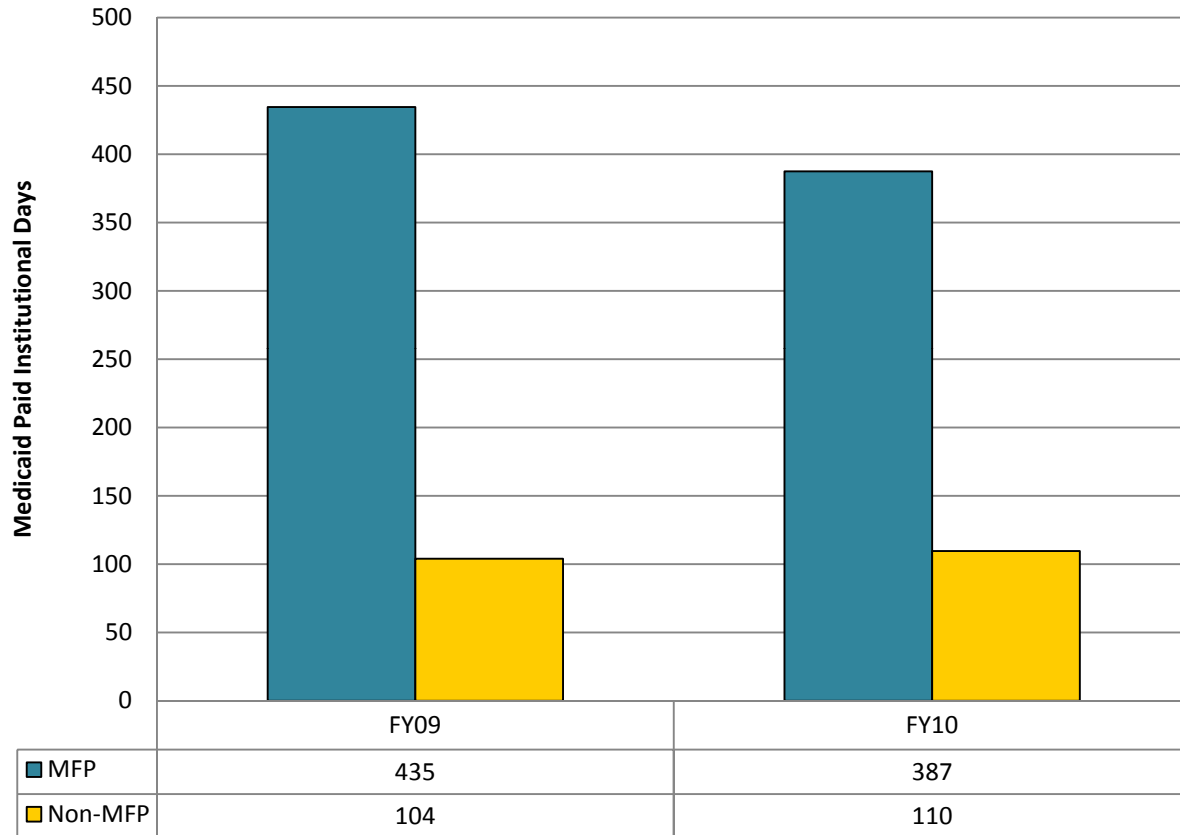


Individuals transitioning to the community from state residential centers under MFP have historically had longer lengths of stay than those transitioning to HCBS without MFP participation. In FY 2008, MFP participants had lengths of stay about 1.5 times longer than their non-MFP counterparts, with the gap widening to more than twice as long in FY 2010.

Note: This chart illustrates the number of continuous Medicaid paid institutional days for individuals who had at least one Medicaid paid day in a Chronic Hospital and either enrolled in a waiver program or used some other home health service. Nursing Facility users 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

Medicaid Length of Stay for HCBS Transitions, Chronic Hospital



Individuals transitioning to the community from a chronic hospital under MFP have historically had much longer lengths of stay than those transitioning to HCBS without MFP participation. In FY 2009, MFP participants had lengths of stay over four times longer than their non-MFP counterparts, with the gap narrowing slightly in FY 2010.

Note: This chart illustrates the number of continuous Medicaid paid institutional days for individuals who had at least one Medicaid paid day in a Chronic Hospital and either enrolled in a waiver program or used some other home health service. Nursing Facility users 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

Next Steps

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

- Medicaid service utilization of those who transition, including reinstitutionalization rates and expenditure data
- Quality of Life survey findings



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