



Senate Committee on Health and Human Services
Interim Charge 8
80th Legislature

Department of Aging and Disability Services
Commissioner Adelaide Horn

March 26, 2008

Table of Contents

Medicaid Entitlement Services	page 3
Medicaid Community Services 1915(c) waivers	page 13
Money Follows the Person	page 23
Quality Initiatives	page 27
Pay for Performance	page 31

Medicaid Entitlement Services

Nursing Facility

- Services include:
 - Institutional care to Medicaid recipients whose medical condition requires the skills of licensed nurses on a regular basis.
 - The nursing facility must provide for the total medical, nursing, and psychosocial needs of each resident, including:
 - Room and board
 - Social services
 - Over-the-counter drugs
 - Medical supplies and equipment
 - Personal needs items

Nursing Facility, continued

Eligibility Requirements

An individual may be of any age, and must:

- have a monthly income that is within 300% of the Supplemental Security Income (SSI) monthly income limit (\$1,911/month*),
- have countable resources of no more than \$2,000,
- be certified by a physician as having a medical condition that requires daily skilled nursing care (medical necessity determination), and
- reside in a Medicaid-certified facility for 30 consecutive days.

* *SSI levels are adjusted at the federal level each year based upon the annual increase in the Consumer Price Index .*

Nursing Facility, continued

Statewide Nursing Facility Program Statistics	FY 2007
Average number receiving Medicaid-funded nursing facility services per month	57,217
Average cost per Medicaid resident per month	\$2,564.75

Primary Home Care (PHC)

- Services include:
 - Non-technical, non-medical attendant services for individuals whose chronic health problems impair their ability to perform activities of daily living.
 - Assistance with performing daily tasks such as:
 - Arranging or accompanying individuals on trips to receive medical treatment
 - Bathing
 - Dressing
 - Meal preparation
 - Housekeeping
 - Shopping

PHC, continued

Eligibility Requirements

An individual must:

- be at least 21 years of age,
- have a monthly income that is equal to or less than 100% of the monthly income limit for Supplemental Security Income (SSI) (\$637/month*),
- have countable resources of no more than \$2,000,
- have a functional assessment score of 24 or greater, and
- have a medical practitioner's statement that the individual's medical condition causes a functional limitation for at least one personal care task.

* *SSI levels are adjusted at the federal level each year based upon the annual increase in the Consumer Price Index .*

PHC, continued

Primary Home Care Statistics	FY 2007
Average number of consumers served per month	59,065
Average monthly cost per consumer served	\$635.36

Community Attendant Services (CAS)

- Services include:
 - Non-technical, non-medical attendant services for individuals of all ages whose chronic health problems impair their ability to perform activities of daily living and whose income makes them ineligible for Primary Home Care.
 - Assistance with performing daily tasks such as:
 - Arranging or accompanying individuals on trips to receive medical treatment
 - Bathing
 - Dressing
 - Meal preparation
 - Housekeeping
 - Shopping

CAS, continued

Eligibility Requirements

An individual may be of any age, and must:

- have a monthly income that is within 300% of the monthly income limit for SSI (\$1,911/month*),
- have countable resources of no more than \$2,000,
- have a functional assessment score of 24 or greater, and
- have a medical practitioner's statement that the individual's medical condition causes a functional limitation for at least one personal care task.

* *SSI levels are adjusted at the federal level each year based upon the annual increase in the Consumer Price Index .*

CAS, continued

Community Attendant Services Statistics	FY 2007
Average number of consumers served per month	42,089
Average monthly cost per consumer served	\$619.56

Medicaid Community Services 1915(c) Waivers

Community Based Alternatives (CBA)

- Services include:
 - Adaptive aids
 - Adult foster care
 - Assisted living residential care
 - Consumer directed services
 - Emergency response (electronic call system)
 - Home delivered meals
 - Medical supplies
 - Minor home modifications
 - Nursing
 - Personal assistance
 - Rehabilitative therapies
 - Respite care
 - Transition assistance services

CBA, continued

Eligibility Requirements

An individual must:

- be 21 years of age or older,
- meet the medical necessity for nursing facility admission,
- have a monthly income that is within 300% of the Supplemental Security Income (SSI) monthly income limit (\$1,911/month*),
- have countable resources of no more than \$2,000, and
- have an Individual Service Plan (ISP) that does not exceed 200% of the reimbursement rate that would have been paid for that same individual to receive services in a nursing facility.

* *SSI levels are adjusted at the federal level each year based upon the annual increase in the Consumer Price Index .*

CBA, continued

Community Based Alternatives Statistics	FY 2007
Average number of consumers served per month	26,783
Average monthly cost per consumer served	\$1,288.86

Medically Dependent Children Program (MDCP)

- Services include:
 - Adaptive aids
 - Adjunct support services
 - Case management
 - Minor home modifications
 - Respite
 - Transition assistance services

MDCP, continued

Eligibility Requirements

An individual must:

- be under 21 years of age,
- meet the medical necessity requirements for nursing facility admission,
- have a monthly income that is within 300% of the monthly income limit for SSI (\$1,911/month*),
- have countable resources of no more than \$2,000, and
- have an Individual Plan of Care (IPC) that does not exceed 50% of the reimbursement rate that would have been paid for that same individual to receive services in a nursing facility.

* *SSI levels are adjusted at the federal level each year based upon the annual increase in the Consumer Price Index .*

MDCP, continued

Medically Dependent Children Program Statistics	FY 2007
Average number of consumers served per month	1,508
Average monthly cost per consumer served	\$1,185.31

Consolidated Waiver Program (CWP)

- A pilot program operating in Bexar County since December 2001.
- Provides a broad array of services, including, but not limited to:
 - Adaptive aids and medical supplies
 - Audiology
 - Behavior communication
 - Case management
 - Dental treatment
 - Dietary services
 - Emergency response (electronic call system)
 - Habilitation
 - Home delivered meals
 - Intervenor services (to assist with communication and access to the community)
 - Minor home modifications
 - Nursing
 - Personal assistance services
 - Respite
 - Transition assistance services
 - Transportation

CWP, continued

Eligibility Requirements

An individual may be of any age, and must:

- reside in Bexar County,
- be on the interest list in Bexar County for STAR+PLUS or one of the DADS 1915(c) waiver programs,
- have a monthly income that is within 300% of the SSI monthly income limit (\$1,911/month*),
- have countable resources of no more than \$2,000, and
- have an Individual Service Plan (ISP) that does not exceed 200% of the reimbursement rate that would have been paid for that same individual age 21 or over to receive services in a nursing facility.

* *SSI levels are adjusted at the federal level each year based upon the annual increase in the Consumer Price Index .*

CWP, continued

Consolidated Waiver Program Statistics	FY 2007
Average number of consumers served per month	182
Average monthly cost per consumer served	\$1,738.38

Money Follows the Person

Money Follows the Person (MFP)

- The MFP policy is currently for individuals residing in nursing facilities.
- From September 1, 2001 through December 31, 2007, 14,393 individuals have transitioned from nursing facilities into community-based Medicaid waiver programs.

MFP, continued

Money Follows the Person Statistics	FY 2007
Average number of consumers served per month	4,640
Average monthly cost per consumer served	\$1,297.03

MFP Demonstration

- This initiative is a multi-year federal demonstration award to Texas to assist in its efforts to provide additional community-based options, and promote an individual's choice in where they want to receive their long-term services and supports.
- Texas will receive an additional 20 percent Federal Medical Assistance Percentage (FMAP) for all individuals who:
 - Have been in an institutional setting for at least six months;
 - Are Medicaid-certified;
 - Are eligible for community-based Medicaid (c) waiver programs; and
 - Want to relocate back into the community.

Quality Initiatives

Quality Monitoring Program

- Quality Monitoring Program (QMP) was created by Senate Bill 1839, 77th Legislature, Regular Session, 2001
 - The intent of the program is to provide technical assistance in a collaborative relationship to Medicaid-certified nursing facilities in the areas of nursing, pharmacy and nutrition to improve the care and quality of life for facility residents.
- Quality monitors provide consultation in clinical focus areas such as, but not limited to:
 - Dehydration and Unintended Weight Loss
 - Immunization (Flu and Pneumonia)
 - Pain Assessment/Pain Management
 - Restraints
 - Tube Feeding

Quality Reporting System (QRS)

- QRS is a web-based resource that provides information about long term services and supports providers.
- It attempts to provide information in a simple and uniform manner that is easily accessible.
- The intent is to include information that helps people compare providers of similar services.
- QRS is available at <http://facilityquality.dads.state.tx.us>

Quality Review Initiative

- There are two legislatively required annual quality reviews that include face-to-face interviews, clinical assessments and mail-in surveys of randomly selected individuals in institutional and home and community-based programs.
- Initially required in the 2000-01 General Appropriations Act, 76th Legislature, 1999, the reviews have been carried forward in all subsequent sessions.
- Nursing Facility Quality Review - 2007
 - 2,031 residents received a clinical assessment and a face-to-face interview.
- Long-Term Services and Supports Quality Review - 2007
 - More than 2,600 individuals received a face-to-face interview.
 - 100% of families with children under 18 living at home who receive waiver services received a mail survey.

Pay for Performance

Pay for Performance

- Pay for Performance (P4P) is an approach to health care reimbursement that links payment to quality measures.
- Providers who do well are rewarded with enhanced reimbursement, and those who do poorly may, less commonly, receive reduced reimbursement.
- The intent is to offer positive rewards – both for meeting specific performance standards and for continuous improvement in the quality of care – resulting in high quality care on a consistent basis.
- This approach is based on the belief that financial rewards are powerful tools for bringing about behavior change.

Pay for Performance – Medicaid

- Over the past several years, the number of state Medicaid pay-for-performance (P4P) programs has increased. As of July 2006:
 - More than half of all state Medicaid programs were operating one or more P4P programs.
 - Nearly 85 percent of states were expected to be operating Medicaid pay-for-performance programs by 2011.
 - Most of the Medicaid P4P programs relate to managed care.
 - There were no existing or planned programs involving home health agencies, a provider sector that provides a significant proportion of Medicaid long-term services and supports.
- Currently a few states have implemented state Medicaid P4P programs in nursing facilities, among them Georgia, Iowa, Kansas, Minnesota, Oklahoma, Ohio and Utah.
- Colorado, Maryland and Virginia have proposed P4P in nursing facilities.
- Contact the Centers for Medicare and Medicaid Services (CMS) at 410-786-3870 for additional information.

Pay for Performance – Medicare

- CMS is currently involved in two P4P Medicare demonstration projects:
 - The Nursing Home Value-Based Purchasing Demonstration is intended to improve the quality and efficiency of care furnished to Medicare beneficiaries in nursing facilities.
 - CMS anticipates the demonstration will begin in up to five states in 2009.
 - For more information, the CMS contact is Ron Lambert at 410-786-6624.
 - The Home Health Pay-for-Performance demonstration is intended to determine the impact of incentive payments to Home Health Agencies for improving or maintaining the quality of care for Medicare beneficiaries.
 - The demonstration began in seven states in October 2007 with 567 volunteer agencies that participate in either the control or the intervention group. Implementation is expected to continue through December 2009.
 - For more information, the CMS contact is Jim Coan at 410-786-9168. Additionally, questions can be sent to hhp4p@cms.hhs.gov and information can be obtained at www.hhp4p.info.