

The Affordable Care Act of 2010
Helping Individuals with Disabilities, Chronic Conditions and Older Adults
to Lead Independent Lives

Medicaid:
New and Existing Tools to Serve
People with ASD

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Long-Term Services and Supports (LTSS) in Medicaid

- LTSS = \$115B in 2009 (32% of total Medicaid)
- Institutional LTSS (nursing facility) remains the entitlement
- HCBS spending was \$51.1B in 2009
- Not all populations have equal access to home and community-based services (HCBS)
- Systems are fragmented and complex to navigate

The Affordable Care Act (ACA)

- Supports most integrated setting appropriate
 - Offers new or improved HCBS State Plan options
 - Offers new option for integrating and linking services
 - Offers enhanced FMAP (“match”) to help States modify delivery systems

Section 2302 : Concurrent Care for Children

- Effective March 23, 2010
- Children whose caregivers elect hospice care may continue to receive curative treatment without the need for a HCBS waiver, through a new optional State plan benefit

Section 2401: Community First Choice Option

- Effective October 1, 2011
- Adds Section 1915(k) to Medicaid
- Optional State Plan benefit for attendant care and related supports, including self-direction
- Eligible individuals must have income at or below 150% Federal Poverty Line (FPL) or meet institutional level of care (LoC)
- Includes 6% enhanced Federal match
- Notice of Proposed Rulemaking published February 22, 2011 – CMS 2337-P
- Comments accepted until April 26, 2011

Section 2402: Removing Barriers to HCBS

- Secretary to Develop Rules Related to HCBS
 - Directs the Secretary to promulgate rules on HCBS to ensure that the services infrastructure related to allocation of resources, providers, maximum choice and control facilitates maximum personal independence
 - CMS is part of a cross-HHS workgroup to help achieve consistency across government programs

Section 2402: Removing Barriers to HCBS, Cont'd

- Section 1915(i)
- State option offer HCBS as a State plan benefit
- Eliminates the link between HCBS and institutional level of care
- Relies on needs-based criteria
- Some modifications made through the ACA effective October 1, 2010 including addition of “other” services
- States cannot waive statewideness or cap enrollment

Section 2403: Money Follows the Person

- Provides for the extension and expansion of Money Follows the Person through 2016
- Offers States substantial resources and additional program flexibilities to remove barriers
- More States have recently been awarded MFP grants
- CO, FL, ID, ME, MA, MN, MS, NV, NM, RI, TN, VT, WV received an additional \$4.3B
- By April 2011, CMS expects to have at least 42 States and the District of Columbia participating

Section 2701: Adult Health Quality Measures

- Requires development of a core set of quality measures for Medicaid adults
- Due January, 2012
- States voluntarily report status annually
- Establishes a Medicaid Quality Measurement Program to test emerging, evidence-based measures including testing of the initial core set

Section 2703: Health Homes for Individuals with Chronic Conditions

- Effective January 1, 2011
- Enables States to offer “Health Homes” to individuals with certain chronic conditions including mental health, substance use, asthma, diabetes, heart disease, obesity, other conditions
- Adds access to a multidisciplinary array of services including person/family support, referral to HCBS, use of Health Information Technology, transitional services, care coordination
- Enhanced Federal match (90%) available for first 8 quarters

Section 10202: Balancing Incentive Program

- Effective October 1, 2011
- Offers enhanced Federal match to States that make structural reforms to increase nursing home diversions and access to HCBS
 - 2% if less than 50% LTSS spending in non-institutional settings
 - 5% if less than 25% LTSS spending in non-institutional settings
- States must implement structural changes including “no wrong door–single entry point system,” conflict-free case management, and core standardized assessments
- CMS Guidance and Application targeted for mid-2011

Section 6407: Home Health Face to Face Encounters Under Medicare

- Effective 1/1/2010
- Requires face to face encounter by a physician before certification of need for Home Health services or Durable Medical Equipment (DME)
- Medicare home health regulation finalized
- Medicaid NPRM will be issued early 2011

Provisions to Improve Care Coordination for Dually Eligible Individuals (Medicare, Medicaid)

- Section 2601 – 5 Year period for certain Medicaid waivers that include dually eligible beneficiaries
- Section 2602 –Establishes Federal Coordinated Health Care Office (FCHCO)
- Promote effective integration of care across Medicare and Medicaid
- 8.8 m enrollees; 40% of total Medicaid spending (15 % enrollees), 36% of Medicare spending (21% enrollees)
- Up to 15 states to receive up to \$1M each to develop models of integration

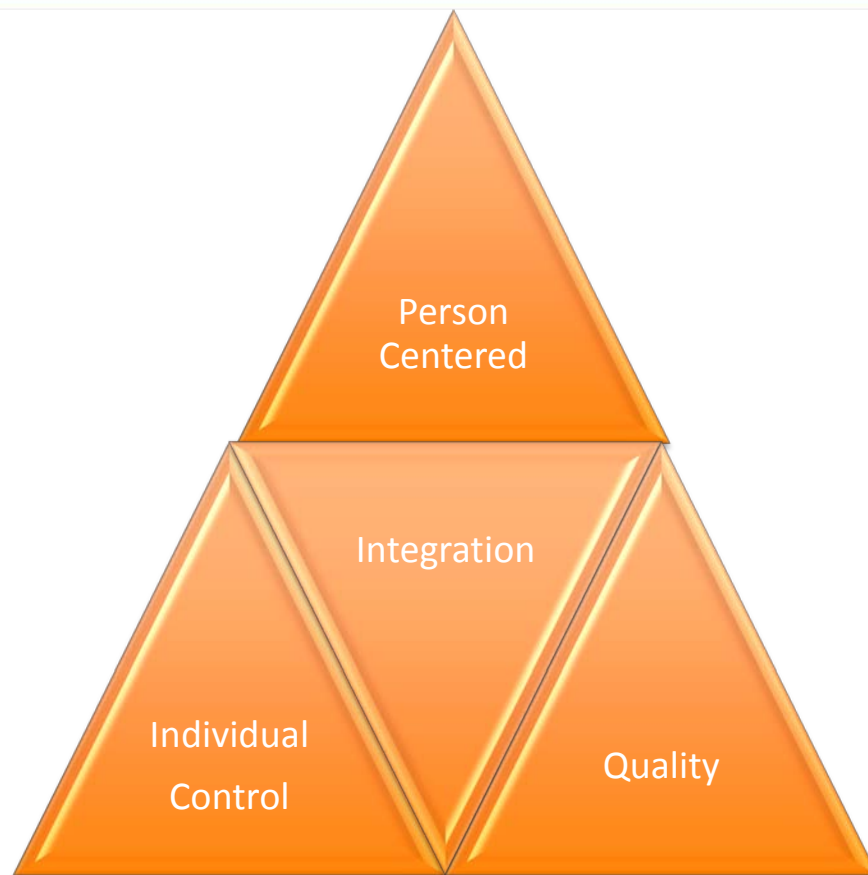
Newly Eligible Individuals through Expansion Programs

- Estimated 16 million newly covered individuals
- Health Insurance Exchanges, Medicaid, Children's Health Insurance Program (CHIP)
- 50% are likely to be served through Medicaid
- An estimated 5.4 million people currently uninsured with a mental disorder, including those with substance use disorders, will gain coverage

Common Themes – Uncommon Opportunities

- This is a time of unprecedented opportunity to transform the system of care for people with disabilities and older adults

The Foundation for a Redesigned Service System



Person-Centered



The following provisions explicitly or implicitly require a strong person-centered approach:

- Community First Choice Option
- Removing Barriers to HCBS – both in 1915(i) and Secretarial rulemaking
- Quality Measurement
- Health Homes for Individuals with Chronic Conditions
- Balancing Incentive Program
- Money Follows the Person
- Home Health – Face to Face Encounters

Individual Control



Individual
Control

The following provisions allow for or explicitly require self-direction options and maximize individual control:

- Community First Choice Option
- Removing Barriers to HCBS – both in 1915(i) and Secretarial rulemaking
- Quality Measurement
- Health Homes for Individuals with Chronic Conditions
- Balancing Incentive Program
- Money Follows the Person

Quality



Quality

The following provisions include explicit quality requirements:

- Community First Choice Option
- Removing Barriers to HCBS – both in 1915(i) and Secretarial rulemaking
- Quality Measurement
- Health Homes for Individuals with Chronic Conditions
- Balancing Incentive Program
- Money Follows the Person
- Provisions related to individuals dually eligible for Medicare and Medicaid

Integration



Integration

The following provisions promote or require improved integration and strong coordination:

- Community First Choice Option
- Removing Barriers to HCBS – both in 1915(i) and Secretarial rulemaking
- Quality Measurement
- Health Homes for Individuals with Chronic Conditions
- Balancing Incentive Program
- Money Follows the Person
- Provisions related to individuals dually eligible for Medicare and Medicaid

Additional Incentives

Opportunities for Enhanced Federal Matching Assistance Percentage (FMAP):

- Health Homes
- Balancing Incentives
- Community First Choice Option
- Money Follows the Person

State Plan Services and HCBS Waivers

- In addition to the new opportunities afforded under the ACA, States may still use traditional State Plan Services and HCBS waivers to design strong systems of care for people with ASD

HCBS and ASD

- 14 approved HCBS waivers are designed specifically for people with ASD
- One Section 1915(a) contract aimed at adults
- Services array is extensive
- People with ASD are also served through other HCBS waivers aimed at general populations (ID/DD, elderly, physically disabled, mental disorders, etc.)
- People with ASD may also be served under some approved Section 1915(i) coverage

States With Autism-Specific HCBS Waivers

Indiana
Missouri
Maryland
Wisconsin
Colorado

Pennsylvania
Montana
Nebraska
Montana
North Dakota

South Carolina
Maine
Massachusetts
Kansas

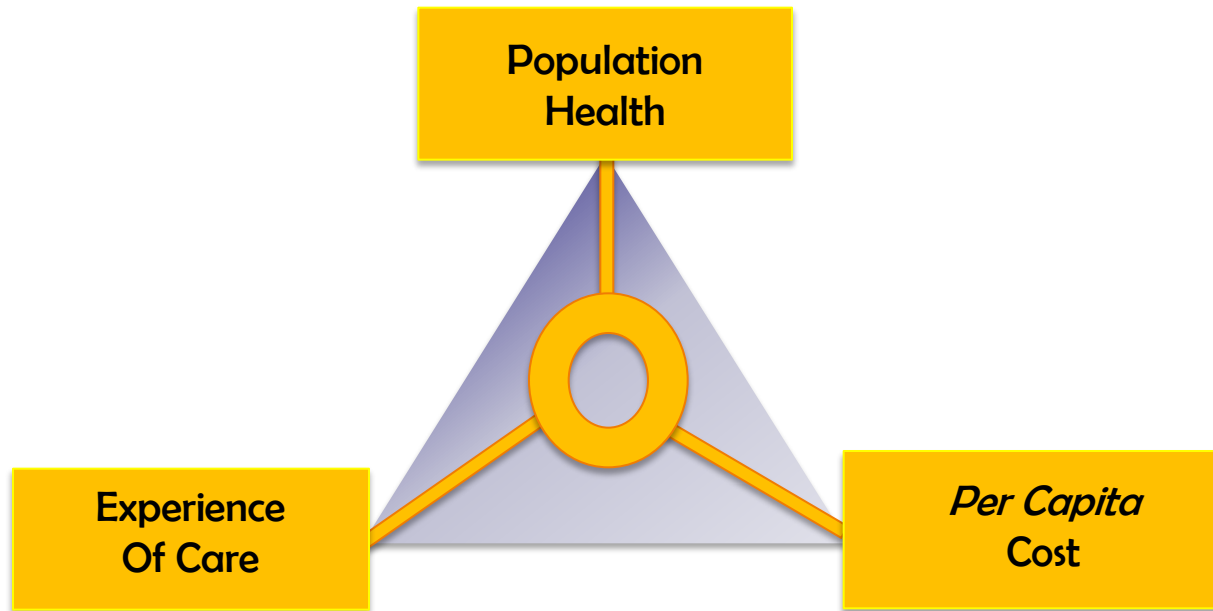
CMCS Assistance to States

- Continuing serious budget concerns for States
- Secretary Sebelius' February 3, 2011 Letter to Governors - committed to help States implement effective cost control
 - Modify benefits
 - Manage services for high cost enrollees
 - Purchase drugs more effectively
 - Assure program integrity

LTSS Systems Transformation

- Key element of effective cost management
- Relates to State compliance with obligations under Olmstead/ADA
- CMCS offers technical assistance to leverage transformation opportunities
- Section 1115 waiver template to systematically integrate HCBS
- Guidance on managed care for people with chronic and disabling conditions

The Three Part Aim



For More Information

- The CMS Innovation Center:
<http://www.innovations.cms.gov>
- CMS: www.cms.hhs.gov
- <http://www.healthcare.gov/>
- Dually-eligible suggestions to:
fchco@cms.hhs.gov
- CMCS Updates:
<https://www.cms.gov/AboutWebsite/EmailUpdates/list.asp>
- HHS Multiple Chronic Conditions Workgroup:
<http://www.hhs.gov/ash/initiatives/mcc/index.html>