

In-Home and Adult Care Home Personal Care Services (PCS)

1915i Status and Components

Joint Legislative Oversight Committee on HHS

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DHHS/DMA

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The Goals

- To ensure the State of North Carolina has a comparable PCS program that supports ADA and Olmstead.
- To ensure continuity of care for Medicaid recipients currently residing in Adult Care Homes and other Assisted Living Facilities.
- To maintain a stable, quality provider network that currently serves some of North Carolina's most vulnerable people who are elderly and challenged with disabilities and chronic conditions.
- To offer safe, affordable community based housing options with appropriate supports and services as alternatives to large congregate settings.
- To coordinate the action steps required to correct comparability issues with PCS, possible identification of IMDs and the DOJ Findings Letter.
- To coordinate action steps with statewide rollout of 1915 b/c mh/dd/sa waiver.

Current Status of PCS

- DHHS has been working with CMS regarding the comparability of PCS services
 - Eligibility to the service was different for In-Home and ACH
 - Rates were different
 - Service not the same across all settings
- Original sunset date was February 29, 2012
- On August 8, 2011, DHHS sent letter to CMS requesting an extension to October 2012
- DHHS and CMS met in Atlanta in early December, 2011 to defend the request for the extension
 - NC submitted SPA requesting Jan 2013 PCS extension

- During calendar year 2011, CMS and NC have had several calls per month to review drafts of amendments, plans and to discuss the various issues impacting the deadlines, recipients, budget, and providers
 - Including use of CMS approved Technical Assistance contractor
- In late February, 2012, NC received approval letter for 60 day extension (April 30, 2012)
- Negotiations continue with CMS requesting the extension of the sunset date
- If the extension is granted, CMS has indicated that there maybe restrictions as a condition for the extension. Failure to comply with the restrictions could mean funding deferral.

ISSUES with the Sunset Date

April 30 deadline is problematic

- Planned submission date of SPA (1915i), April 1
- CMS has up to 90 days for approval - if there are no additional questions. Experience shows SPAs to take much longer than 90 days for approval
- Upon CMS approval the following activities must occur before implementation
- Policies and Manuals must be revised
 - Temporary Rules promulgated
 - Vendor contracts for Independent Assessment and IT
 - Provider training
 - Recipient notifications
 - Conduct Independent Assessments on all recipients
 - Provider Attestations for compliance to HCBS standards
 - Transition of recipients who may need to move

1915(i) CHARACTERISTICS and Components

- Eligibility criteria must be less than nursing home (NF) or intermediate care facility for MR/DD (ICFMR)
- Allows for targeted eligibility criteria
- Recipient Independent assessment required
- State must establish conflict of interest safeguards
- Person-centered care/service plan required
- Quality assurance/improvement program required
- 1915(i) services can be participant directed (self-direction)
- Service definitions maybe written that typically were only allowed to be written under a waiver such as the CAP-MR/DD or CAP-DA programs
- **Must meet home and community based standards (HCBS)**

PROPOSED Recipient Eligibility - 1915i PCS

Population Definition (3 Target Populations)

Age, Diagnoses, and Physician-Documented Functional Limitations, Need for Caregiver Availability, and Risks

Eligibility Criteria

Established by an independent functional assessment of the person's ADL and IADL needs

INDIVIDUALS: PHYSICAL DISABILITIES

POPULATION DEFINITION:

- Medicaid recipients of all ages
- Documented medical condition or physical disability (diagnosis) that a physician attests limits the person's ability to independently perform activities of daily living (ADLs)

ELIGIBILITY CRITERIA (Either of the following):

Unmet need for hands-on assistance with

- Three (3) ADL
- Two (2) ADL (one of which requires extensive or greater assistance)
- Two (2) ADL and assistance with Meal Preparation or Medication Management

INDIVIDUALS: MI, IDD, and COGNITIVE IMPAIRMENT

POPULATION DEFINITION:

- Medicaid recipients age 18 or older
- Documented MI, IDD, or cognitive impairment diagnosis that a physician attests limits the person's ability to independently perform ADL
- Must require 24-hour caregiver availability, as attested by the physician.

ELIGIBILITY CRITERIA (Any of the following):

Unmet need for hands-on assistance

- Two (2) ADL
- One (1) ADL and set-up/supervision assistance with two additional ADL/I-ADL
- Set-up/supervision assistance with two (2) ADL

INDIVIDUALS: ELDERLY

POPULATION DEFINITION:

- Medicaid recipients 65 years of age and older
- Physician documented limitations in functional abilities and risk of falls, malnutrition, skin breakdown, or complications from medication non-compliance.

ELIGIBILITY CRITERIA (Either of the following):

Unmet need for hands-on assistance

- With two (s) ADL
- Unmet need for hands-on assistance with one (1) ADL and assistance with Meal Preparation or Medication Management.

PCS/1915i Facts

- CMS approval addresses concerns expressed regarding comparability of PCS services for In-Home and ACH PCS
 - Eligibility criteria will be the same for In-Home and ACH PCS
- Personal care service will remain the same in terms of provision of services
 - Based upon hours and termed as basic or enhanced
- Special Care Units in ACH
 - Continuing to work with CMS regarding best funding option and authority

Provider Impact

- If the sunset date is not extended, federal Medicaid funding for PCS services will end.
- 1915i impact
 - Providers must meet HCBS standards
 - Setting must reflect home and community characteristics
 - The characteristics of home and community settings must be approved by CMS
 - Examples of HCBS setting characteristics:
 - Choose when and where to take community outings
 - Have freedom to choose roommates and service providers
 - Control their meal and sleep times, visitor access, privacy, room decorations and ability to engage freely in the community
 - Have the same freedom to exercise personal choices as other persons who do not qualify for services
 - All the facilities have a home-like environment providing access to typical home facilities and are integrated into the community
 - Providers need to attest to the characteristics and the state will monitor for compliance
 - There are homes that currently do not meet HCBS standards

Additional ACH Impact - IMDs

- Not part of the PCS comparability issues, ACHs are also being reviewed to determine if they are Institutions for Mental Deficiency (IMDs)
 - If the facility is deemed an IMDs, all Medicaid funding will cease until the facility is determined to no longer be an IMD.
 - Currently:
 - 25 Homes and approximately 700 recipients currently under review (approximately 1000 recipients in the 25 homes)
 - All recipient assessments have been completed
 - Facility IMD determination must be completed by July 1, 2012
 - Ongoing monitoring requirement for IMD determination for all ACHs
 - Lack of alternative supportive housing options is critical

HCBS and IMD Monitoring Activities Summary

HCBS	IMD
Annual attestation by provider	Annual attestation by provider
Periodic on-site reviews of all homes	Periodic paid claims reviews for MH/SA diagnoses
In-reach activities to inform residents of housing options	On-site reviews as needed based on claims reviews
Case management/care coordination	In-reach activities to inform residents of housing options

RECIPIENT IMPACT

- Approx 46,000 Medicaid recipients receive PCS
 - In-Home – 25,500 \$19m month
 - ACH (including SCUs) – 20,300 \$15.5m month
 - Projected total PCS expenditure SFY12 \$414m
- Approx 3,700 to 4,000 recipients may not meet the 1915i eligibility criteria
- DSS and LME are preparing to assist with transition needs

1915i Expenditure Impact for SFY 2013

Recipient volumes and expenditures compared to SFY 2012 will be impacted by enrollment trends, appeals, woodworking impact and the annualized impact of rate changes

- Increases in In-home PCS..... \$ 21,941,426 in SFY 2013

Enrollment	929
Appeals	675
Woodwork	6,245

- Increases in Adult Care Home
PCS..... \$ 15,129,437 in SFY 2013

Enrollment	526
Appeals	127
Woodwork	4,147

Expenditures shown in State Dollars