

Redesign Medicaid in New York State

Balancing Incentive Program & Money Follows the Person

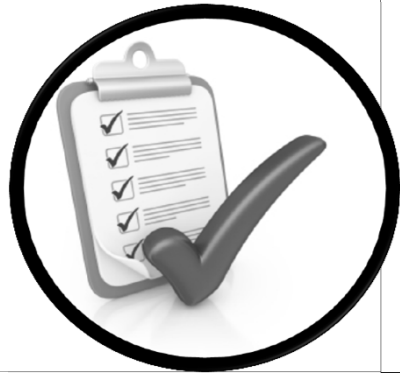
New York Association on Independent Living

September 10, 2013

Presented by Mark L. Kissinger

Director of the Division of Long Term Care





Balancing Incentive Program

Introduction

- ❑ Balancing Incentive Program (BIP) involves:
 - ❑ rebalancing the delivery of long term services and supports (LTSS);
 - ❑ promoting enhanced consumer choice;
 - ❑ streamlining eligibility processes,
 - ❑ improving access to and expanding community LTSS;
 - ❑ providing essential services in the least restrictive setting.

Balancing Incentive Program

- ❑ BIP is a funding opportunity offered under the Accountable Care Act which:
 - ❑ Provides enhanced FMAP (+2%) to participating states to rebalance Medicaid LTSS expenditures from institutions to home/community settings.
 - ❑ Requires 3 structural changes:
 - ❑ No Wrong Door/Single Entry Point network
 - ❑ Core Standardized Assessment Instruments
 - ❑ Conflict-Free Case Management
- ❑ The NYS BIP period is from April 1, 2013 – September 30, 2015.

Balancing Incentive Program

- ❑ BIP funds can be used for:
 - ❑ Increased offerings of, or access to, non-institutional LTSS which benefit Medicaid recipients
- ❑ BIP funds are subject to the same prohibitions as Medicaid funds:
 - ❑ Cannot be used to match other Federal Funds, or to supplant, etc.

BIP Required Structural Changes

❑ No Wrong Door/Single Entry Point

- ❑ Consistent information must be delivered about LTSS options whether an individual who is elderly, and/or physically, developmentally or behaviorally disabled.
- ❑ Assistance in enrolling the individual in services is expected.
- ❑ Current plans involve expanding and enhancing NY Connects.

BIP Required Structural Changes

□ Core Standardized Assessment

- UAS-NY will be leveraged.
- OPWDD undertaking a standardized assessment to capture data for their population based on the same assessment suite, interRAI.
- OMH has decided on the interRAI assessments for adults.

BIP Required Structural Changes

❑ Conflict Free Case Management

- ❑ There is separation of case management from direct services provision.
- ❑ There is separation of eligibility determination from direct services provision: Eligibility is determined by an entity or organization that has no fiscal relationship to the individual.
- ❑ Case managers do not establish funding levels for the individual: The case manager's responsibility is to develop a plan of supports and services based on the individual's assessed needs.
- ❑ Individuals performing evaluations, assessments, and plans of care cannot be related by blood or marriage to the individual or any of the individual's paid caregivers, financially responsible for the individual, or empowered to make financial or health-related decisions on behalf of the individual.
- ❑ Where conflict exists, states must establish firewalls and appropriate safeguards that assure consumer choice and protect consumer rights.

BIP Challenges

- ❑ Biggest challenge may be Conflict Free Case Management
 - ❑ NYS will continue work with other states to see how they have successfully mitigated any conflicts that arise in MC/MLTC environment;
 - ❑ BIP \$ will be used, in part, to assure sufficient plans and provider options in less populated counties and for more difficult-to-serve members through transition rates to attract additional plans/providers and enhance consumer choice.

	<h2>BIP Status</h2>
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- ❑ BIP application approved by CMS March 15, 2013.
- ❑ Detailed Work Plan submitted August 30, 2013.
- ❑ Additional FMAP commenced April 1, 2013, the first full quarter after application was approved.
- ❑ State must make progress toward identified targets in structural requirements and rebalancing goals to maintain additional aid.
- ❑ BIP ends and state must have achieved the rebalancing goals by September 30, 2015.



Money Follows the Person Demonstration

Introduction

- ❑ Money Follows the Person (MFP) involves:
 - ❑ Transitioning eligible individuals from facilities to qualified settings;
 - ❑ Using enhanced funding for rebalancing activities;

Money Follows the Person

- ❑ Provides New York State with 25% enhanced federal reimbursement for certain home and community based services.
- ❑ The enhanced federal reimbursement is provided for 365 days after an eligible individual transitions from a nursing home to the community.
- ❑ The additional federal reimbursement must be used for long term care rebalancing activities.

Money Follows the Person Rebalancing Activities

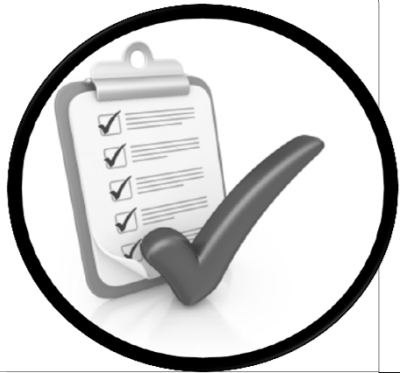
- ❑ Increasing access to assistive technology and durable medical equipment.
- ❑ Identification of and outreach to Nursing Home Residents.
- ❑ Increasing information about the availability of affordable accessible housing.

MFP Status

- ❑ Originally, NYS designated the NHTD & TBI waivers as the qualified service programs for the elderly and disabled population.
- ❑ The Affordable Care Act extended MFP through FFY 2016. The BIP complimented the MFP goals and facilitated broadening the demonstration across populations.
- ❑ In the spring of 2013, CMS approved an amended protocol which includes the I/DD population and its waiver in the MFP demonstration.

MFP Expansion Challenges

- ❑ MFP will continue expansion across populations to include those with behavioral health/mental health issues.
- ❑ MFP will expand to include Managed Long Term Care organizations as the current waiver service delivery morphs into MLTC, DISCO's etc.



Summary

Summary

- ❑ The Balancing Incentive Program and Money Follows the Person demonstration:
 - ❑ Share a rebalancing goal;
 - ❑ Provide enhanced funding which compliment the program requirements:
 - ❑ MFP funding can be used for the implementation of broader infrastructure developments such as “no wrong door” access to care systems;
 - ❑ Are designed to work together and across populations;
 - ❑ Are challenged by moving into MLTC environments.

Contact Information:

Mark L. Kissinger
MLK15@health.state.ny.us

or

518-402-5673

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