

Massachusetts Long-Term Services and Supports: Achieving a New Vision for MassHealth

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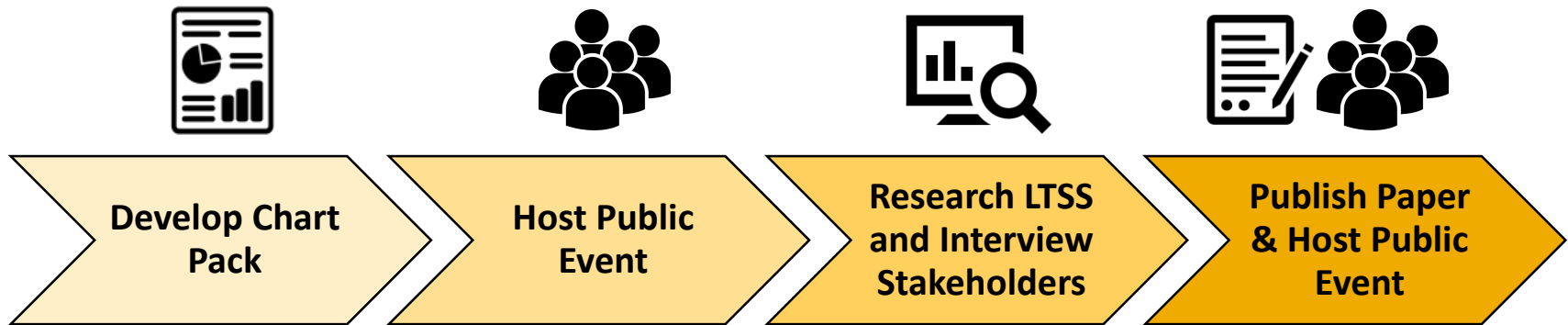
MassHealth Matters II
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Agenda

- Project Overview
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- The Imperative for LTSS Reform
- A Vision for MassHealth LTSS
- MassHealth LTSS Reforms
- Discussion
- Q&A

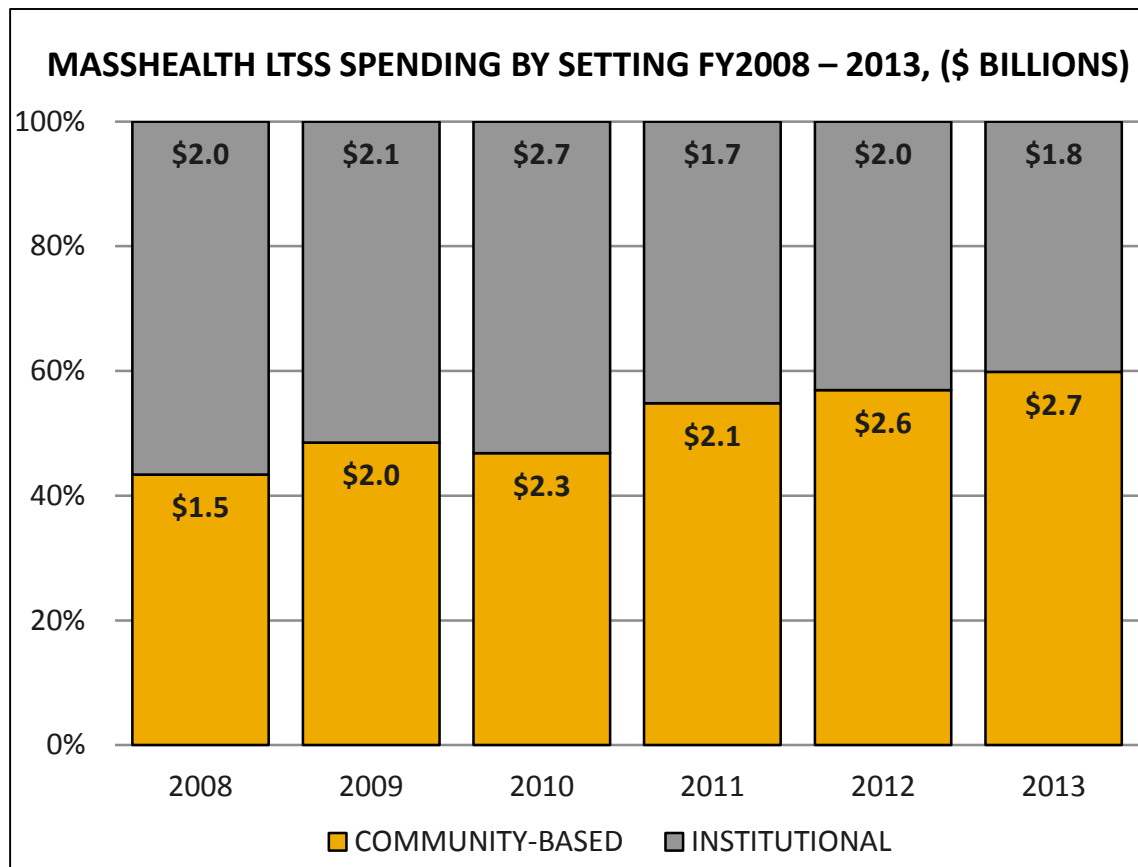
Project Overview

Purpose: Assist MassHealth and its stakeholders to better understand the long-term services and supports (LTSS) system, identify challenges facing the Commonwealth's LTSS system, and explore opportunities for reforming LTSS in Massachusetts



Acknowledging Success

Massachusetts has a long-standing Community First LTSS policy and action plan. Today, MA ranks among the top states in percent of Medicaid spending for home and community-based care (HCBS).



NOTE: Community-based spending includes HCBS Waiver spending.

SOURCE: Eiken, S. et al., "Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2013," Truven Health Analytics, 2015; Massachusetts Balancing Incentive Program Application, January 2014.

The Imperative for LTSS Reform: People and Costs

Despite its success in rebalancing care to the community, Massachusetts faces persistent challenges in its LTSS system that inhibit access to person-centered, high-quality services and supports and threaten the long-term sustainability of the system.



- **Individuals of all ages use LTSS to live independently in the setting of their choice**
 - ~750,000 Bay Staters currently report having a disability
- **Demand is rapidly rising**
 - MA's population is projected to age rapidly, with the rate of growth for those 65+ to increase by 46% in 20 years
- **Few people adequately plan for, or even think about, LTSS until they need it**
 - In MA, 22% of those 65+ are not confident they will be able to pay for their future care, and 11% of elders in poorer health report spending all or most of their personal savings to cover large medical bills



- **Budgetary pressures are tremendous...and growing**
 - LTSS accounts for nearly 1/3 of all MassHealth spending and is expected to grow
 - MassHealth is the largest payer of LTSS, spending \$4.5 billion or 12% of the entire state budget on LTSS in 2015
- **Few viable private financing options exist**
 - Nationally, ~13% of those 65+ spent down savings and became eligible for Medicaid within 10 years, and more than 50% did so to pay for LTSS

The Imperative for LTSS Reform: The Workforce

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DIRECT CARE WORKFORCE



- **Increasing demand for LTSS results in increasing demand for caregivers**
 - 1.6 million new direct care jobs by 2020, becoming the largest occupational group in the country
- **The formal workforce is dwindling**
 - The rate of workers leaving direct care occupations outpaces the rate of those entering
- **Lack of incentives to remain in the workforce**
 - Work <40 hours a week, have low wages, high turnover rates, and trouble finding affordable housing

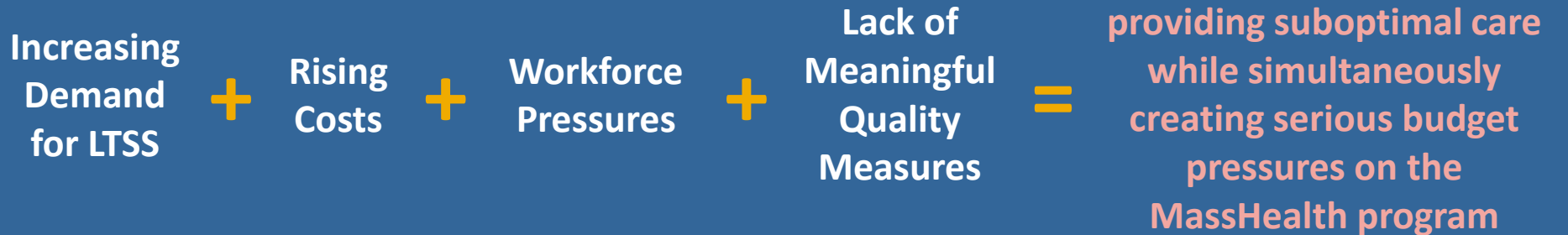
INFORMAL WORKFORCE



- **Informal caregivers are the backbone of the LTSS system**
 - In 2013, 13% of state residents provided ~\$11.6 billion in unpaid care.
- **The informal workforce is dwindling**
 - In 2010, the ratio of potential family caregivers to those 80+ years old was 7:1. This ratio is expected to drop to 4:1 by 2030 and less than 3:1 by 2050.
- **Inadequate supports**
 - The state ranked near the bottom of states for overall support of family caregivers

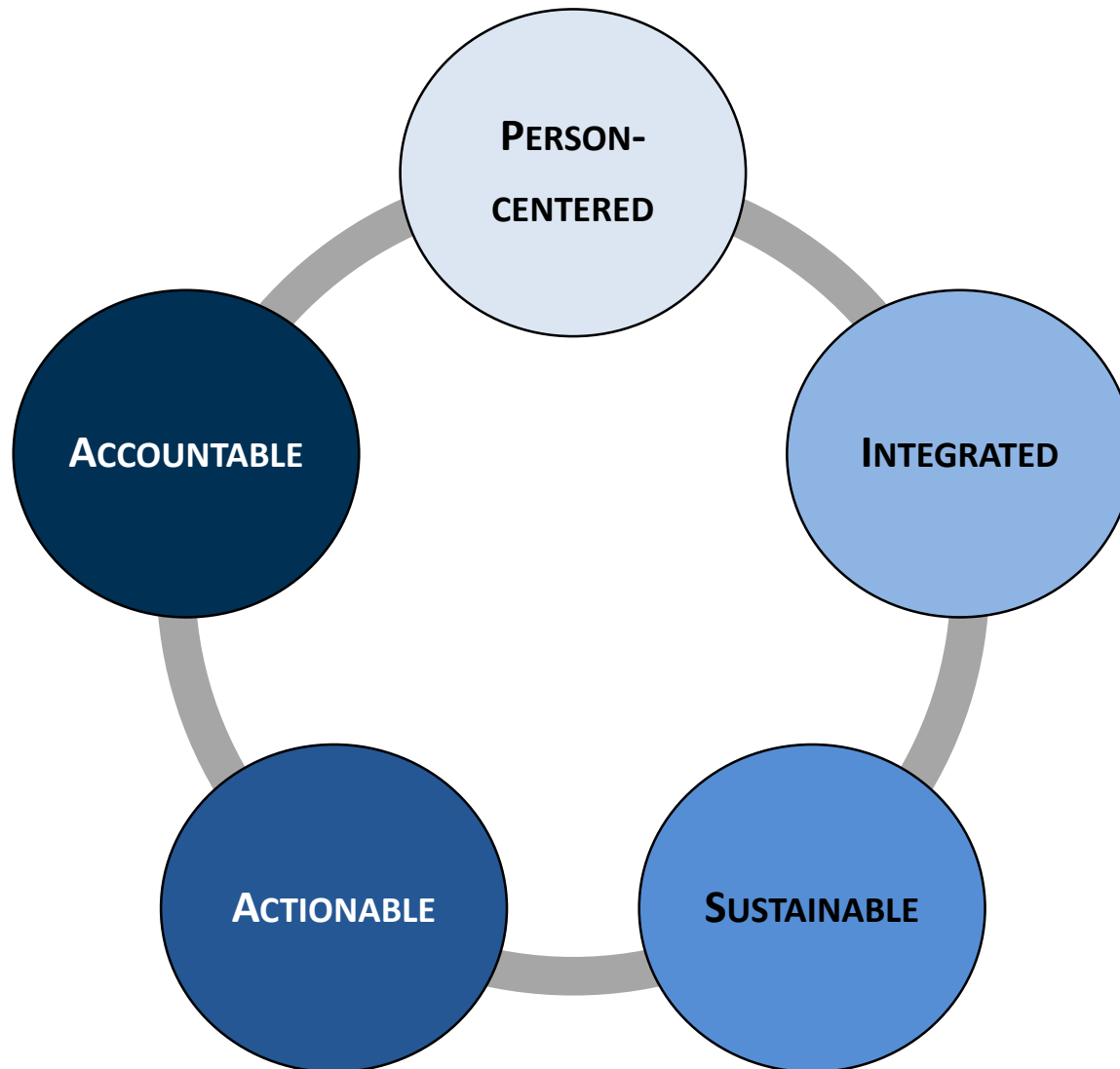
The Imperative for LTSS Reform: A Failing Equation

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- The fragmented LTSS system is difficult to navigate, and may be increasing avoidable hospitalizations and ER visits and replacing much-needed functional supports with more expensive medical interventions
- The system provides care that is not always efficient or aligned with consumers' needs and goals
- **The stakes are too high for inaction**

A Vision for MassHealth LTSS: System Goals



A Vision for MassHealth LTSS: The Vehicle of Change

Need for a single entity or network of entities with financial responsibility and performance accountability for coordinating and delivering comprehensive care to LTSS populations with vigorous monitoring by the state



- ❖ Options include Medicaid ACOs, SCO or One Care plans, consortiums of community-based organizations, partnerships among such entities, or a combination of these



- ❖ Risk-adjusted, global or shared savings payment arrangements, and leveraging Medicare financing for dually eligible populations



- ❖ Improved technological solutions allowing the state to intervene more quickly and enable consumers to easily access information and assistance



- ❖ The Commonwealth must designate a senior health and human services official to be responsible and accountable for the LTSS system

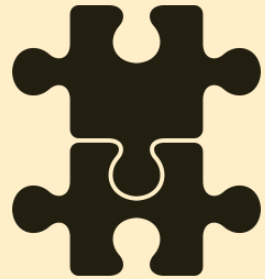
The following reforms are ones that Massachusetts must pursue in order to achieve the long-term vision.

1. Drive Integration of LTSS at the Provider Level
2. Assess and Learn from Existing Programs and Data
3. Identify and Implement Meaningful Quality Measures
4. Improve Access to LTSS
5. Support Informal Caregivers
6. Enhance Direct Care Workforce Capacity
7. Expand Access to Affordable Housing with Supports

Drive Integration of LTSS at the Provider Level

Policy Options:

- ❑ Expand opportunities for physical health, behavioral health, and LTSS providers to participate in cross-provider education and training
- ❑ Training should promote respect for one another's areas of expertise, focus on developing common language and aligned business processes, and enhance medical providers' awareness of the critical role LTSS providers can play in improving an individual's functional status and overall health
- ❑ Align provider and program rules across state agencies and provider systems to minimize duplication, contradictions, and confusion, and standardize access to services
- ❑ Invest in LTSS system infrastructure (e.g., capital, HIT) as part of the state's Delivery System Reform Incentive Payment (DSRIP) proposal



Assess & Learn from Existing Programs and Data

Policy Options:

- Inventory and comprehensively assess the multitude of existing LTSS programs in the Commonwealth to identify which models are worth expanding and which must be improved or, if necessary, eliminated
- Create the administrative infrastructure required to support ongoing data aggregation and analytics by continuing its investment in technology systems and data analytics staff
- Engage stakeholders in the process of continual program improvement by making these evaluations and analyses publicly available



Identify & Implement Meaningful Quality Measures

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Policy Options:

- ❑ Identify and require providers to report on a manageable set of measures instituted uniformly across initiatives (e.g., FFS, managed LTSS, and Medicaid ACOs)



- ❑ Simultaneously work with consumers and other stakeholders to develop a comprehensive set of agreed upon LTSS metrics
- ❑ Make existing quality information more readily available to the public through an easily digestible, regularly updated LTSS dashboard

Improve Access to LTSS

Policy Options:



- ❑ Conduct an in-depth assessment of how and when individuals and families currently seek out and receive information regarding LTSS to inform the design of information resources, technological solutions, and education/ awareness campaigns



- ❑ Fully implement existing options counseling programs in order to ensure that individuals and their families are properly supported when making decisions about where and how they will receive LTSS



- ❑ Simplify where and how consumers and their families access LTSS information, including standardizing terminology across agencies, and harnessing technology to make accessing information more user-friendly
- ❑ Continue to streamline financial and clinical eligibility requirements across agencies and programs to ensure equitable access to all people who need LTSS

Increase Support for Informal Caregivers

Policy Options:

- ❑ Expand access to respite services for certain populations (e.g., to support family members who have been providing over a certain number of hours of informal care per day for over a year)
- ❑ Allow MassHealth to pay spouses as family caregivers (with appropriate protections to address concerns about fraud and abuse)
- ❑ Work with public and private employers to provide paid family leave as a benefit
- ❑ Increase awareness of and enhance existing tax incentives for family caregivers
- ❑ Connect dedicated care coordinators with informal caregivers to help them navigate the system and coordinate appointments and transportation
- ❑ Identify opportunities to partner with community-based organizations to provide peer support, offer financial or legal education, share best practices, and standardize training of caregivers



Enhance Direct Care Workforce Capacity

Policy Options:

- ❑ Build on the state's commitment to increase PCA wages to \$15 an hour and set a goal to establish a minimum wage for all direct service workers in all care settings
- ❑ Support efforts to professionalize the LTSS workforce, including offering benefits (e.g., health insurance, travel reimbursement, paid time off, sick leave), full-time employment opportunities, and standardized orientation and ongoing skills trainings, while protecting consumers' need for person-centered care
- ❑ Construct and communicate a clear career ladder for the direct care workforce to promote recruitment and retention of workers in this field



Expand Access to Affordable Housing with Supports

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Policy Options:

- ❑ Implement cross-agency and cross-sector initiatives to craft viable housing solutions, including continuing the efforts of the state's Interagency Council on Housing and Homelessness
- ❑ Analyze the nursing home capacity required to meet future demand and assess how nursing homes might be updated to be more homelike (e.g., the Green House Project) and/or converted for mixed use (e.g., co-location of adult day care, respite, other services)
- ❑ Assess current housing pilots in place throughout the state to determine if there are any sustainable affordable housing and supportive housing models that could be supported, expanded, and replicated





"The thing is, you have to really want to change."

Discussion Question: Of the seven reform areas, which do you feel is the highest priority? What are some concrete next steps you suggest the Commonwealth take?

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Questions?